

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28059**
3474

FILED AUG 15 1952

| | | | | |
|---|-----------------------------------|---|------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. |
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | |
| a. COUNTY <u>Jackson</u> <u>0</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3568</u> | | |
| c. LENGTH OF STAY (In this place) <u>2 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3334 Agnes</u> <u>560</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp. Med. Center</u> | | | | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | | |
| a. (First) <u>Zetta</u> | | b. (Middle) <u>Goldstein</u> | | c. (Last) <u>Goldstein</u> |
| (Type or Print) | | (Month) (Day) (Year) | | |
| | | <u>8-2-52</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1924</u> | 9. AGE (In years last birthday) <u>68</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Isaac Paulan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Utkovich</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Henry Goldstein</u> ADDRESS <u>3334 Agnes</u> |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| | | DUE TO (b) <u>Cardiac decompensation</u> | | <u>2 Yr</u> |
| | | DUE TO (c) <u>Cerebral palsy</u> | | <u>43 1/2</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>1946</u> to <u>8-2</u> , 1952, that I last saw the deceased alive on <u>8-2</u> , 19 <u>52</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Harry K. Cohen</u> (Degree or title) | | 23b. ADDRESS <u>318 Amph Bldg</u> | | 23c. DATE SIGNED <u>8-3-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8/3/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Shelfield</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold T. Holmes</u> ADDRESS <u>Home, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-3-52</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 2756

P. O. Address H.C. 7th.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.