

FILED FEB 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5999**
Registrar's No. **265**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>265</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		2498	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah</u>				d. STREET ADDRESS (If rural, give location) <u>18 East Linwood</u>			
3. NAME OF DECEASED (Type or Print) <u>Arthur</u>		a. (First)		b. (Middle) <u>Horowitz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1953</u>	
5. SEX <u>M.O.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-2-93</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Operater</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Paul, Minn. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W I</u>			
16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. B. Horowitz 229 Ward Pkwy.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) <u>Acute Pulmonary Edema + Chronic Hypertension</u> ANTECEDENT CAUSES <u>Cardiac Failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <u>Cerebral sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophied Kidney</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 min</u> <u>12 hrs.</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>1-15, 1953</u> , to <u>1-15, 1953</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>1-15, 1953</u> , and that death occurred at <u>10:48 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Prutz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1103 Grand</u>		23c. DATE SIGNED <u>1-16-53.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Funeral Home K. C. Mo.</u>			

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

2-1-31570

2961 12 23

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 A. L. Louis

Licensed Embalmer No. 3110

P. O. Address _____

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.