

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6226

State File No. 6226
Registrar's No. 37

FILED FEB 18 1953

| | | | | | | | | |
|---|---------------------------|---|---|--|---|---|--|-----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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. LENGTH OF STAY (in this place) <u>6 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3413 St. John 30980</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilly</u> | | | b. (Middle) <u>J.</u> | | c. (Last) <u>RATH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1953</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>2-12-1875</u> | | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Frey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Missie - unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Charles Rath</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Catherine Rath, 3413 St. John Ave. KC Mo</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>Hypertension - Cardiac failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac vascul.</u> DUE TO (c) <u>disease & congestive failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 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) (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>Dec 9, 1952</u> to <u>Jan 5, 1953</u> , that I last saw the deceased <u>Valid on Jan 5, 1953</u> , and that death occurred at <u>10a m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>A. Morris Ginsberg</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>1103 Grand Ave</u> | | 23c. DATE SIGNED <u>1-5-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1/5/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Ft. Scott, Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-5-53</u> | | REGISTRAR'S SIGNATURE <u>Sheralding Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. Morris Keiskerg
Prof. Rege
Dec 27 1917

21:00

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmed No. _____
Signed *Law Clark*

Licensed Embalmer No. *4216*

P. O. Address *A. G. Mo.*

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.