

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18079**  
**2686**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>10125 E 69</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vinyard Pk. Hosp.</u>		1. DATE OF DEATH (Month) (Day) (Year) <u>5-25-53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) _____ c. (Last) <u>Horowitz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-8-95</u>
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Liquor Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Al + Sully's Tavern</u>	
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>Moritz Horowitz</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Solomon</u>	
14. NAME OF HUSBAND OR WIFE <u>Genevive</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. B. Horowitz</u> ADDRESS <u>229 Ward Pky</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcium of Coronary Artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>	
ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u>		1940	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Thyroid</u>		4201	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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>May 24, 1953</u> to <u>May 25, 1953</u> , that I last saw the deceased alive on <u>5-25-53</u> , and that death occurred at <u>11 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.G. Sheldon M.D.</u>		23b. ADDRESS <u>922 Walnut St. Mo</u>	23c. DATE SIGNED <u>5-25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-53</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>5-26-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home K.C. Mo.</u> ADDRESS _____	

**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 K. C. 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.