

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1953

State File No. **18209**
2387

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>27 yrs.</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. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>2558 3507 Paseo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>Silberg</u> c. (Last) <u>Pack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-5-Apprx. HD</u>		9. AGE (in years last birthday) <u>44</u> Months Days Hours Min.
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>London, England</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>Jacob Silberg</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rutberg</u>		14. NAME OF HUSBAND OR WIFE <u>Hyman Pack</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sol Silberg 605 W 70th Terr.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>33 1/2</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u>			
		DUE TO (c)			
		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)		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 10-30, 1952, to 5-7, 1953, that I last saw the deceased alive on 5-7-53, 1953, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack C. Vincent, M.D.</u> (Degree or title)		23b. ADDRESS <u>424 Cuyler Bldg, K.C. Mo.</u>		23c. DATE SIGNED <u>5-8-53</u>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5-8-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Funeral Home K.C. Mo.</u>	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING 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.....

A. L. Lewis

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 the above constitutes grounds for revocation of license.)

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