

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18245

State File No. _____

2646

FILED JUN 9 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town(ship) OR CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>42 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3012 Garfield</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3012 Garfield</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>J.</u> c. (Last) <u>Rubinfire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-53</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>Approx. 27</u>
9. AGE (In years last birthday) <u>27</u> # UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours Mins.		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>Warsaw, Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Leibish Engelsberg</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel</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 <u>Morris Rubinfire</u>		ADDRESS <u>H.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Streptococcal Coxsackia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Cancer of the large intestine</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>153X</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) (m.)		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>1945</u> to <u>May 22, 1953</u> that I last saw the deceased alive on <u>May 19, 1953</u> and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>I. M. Shapiro</u> (Degree or title)		23b. ADDRESS <u>4100 69th Prof Bldg</u>	
23c. DATE SIGNED <u>5-23-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>5-23-53</u>		ADDRESS <u>H.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 H. L. Ma

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.