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FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18269  
2532

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 66 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City  
d. STREET ADDRESS 6212 Ward Parkway

3. NAME OF DECEASED (Type or Print)  
a. (First) Hyman b. (Middle) Spitcafsky c. (Last) Spitcafsky  
4. DATE OF DEATH (Month) (Day) (Year) 5 16 53  
5. SEX m 6. COLOR OR RACE w 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH 11-22-85  
9. AGE (in years last birthday) 67  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Russia 10  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Max Spitcafsky 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. Unknown  
17. INFORMANT'S SIGNATURE OR NAME Address Melvin Spitcafsky 301 E 69 Terr.

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) cerebral arteriosclerosis  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1951, to \_\_\_\_\_/\_\_\_\_\_, 1953, that I last saw the deceased alive on \_\_\_\_\_/\_\_\_\_\_, 1953, and that death occurred at \_\_\_\_\_:\_\_\_\_\_ AM., from the causes and on the date stated above.

23a. SIGNATURE Harry C. Wall (Degree or title) 23b. ADDRESS MDC 42 Professional Bldg. 23c. DATE SIGNED 5/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-17-53 24c. NAME OF CEMETERY OR CREMATORY Sheffield 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-17-53 REGISTRAR'S SIGNATURE Thelma Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Funeral Home K.C. Mo.

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

JUN 22 1953

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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. L. 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.