

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21558**
Registrar's No. **2865**

FILED JUL 9 - 1953
BIRTH NO. **111 9 - 1953**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 63 yrs.	c. CITY OR TOWN Kansas City		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah			e. STREET ADDRESS (If rural, give location) 1200 209 Brush Creek		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) D.	c. (Last) Friedman	4. DATE OF DEATH (Month) (Day) (Year) 6-6-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Approx. 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Friedman		13b. MOTHER'S MAIDEN NAME Sarah Klein	
14. NAME OF HUSBAND OR WIFE Selma		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. C.I. Amber		18. ADDRESS 5000 Oak		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH several years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4 1/2	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation		few weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-2, 1953 to 6-6, 1953 that I last saw the deceased alive on 6-6, 1953 and that death occurred at 5:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Cecil M. Kohn MD (Degree or title)			23b. ADDRESS 630 Professional Bldg		23c. DATE SIGNED 6/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home		ADDRESS K.C. Mo.	
DATE REC'D BY LOCAL REG. 6-8-53		REGISTRAR'S SIGNATURE Staldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Fun'l Home K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *A. L. Louis*

Licensed Embalmer No. *3110*

P. O. Address *K. E. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.