

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35853**
4836
Registrar's No.

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 35 yrs. | | e. STREET ADDRESS (If rural, give location) 5000 Oak | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah | | 3738 | |

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|--|------------|----------------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Fannie | a. (First) | b. (Middle) Fink | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 10-6-53 |
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|-----------------|---------------------------|--|-------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH 12-25-81 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-----------------|---------------------------|--|-------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Underwriter | 10b. KIND OF BUSINESS OR INDUSTRY Equitable Life | 11. BIRTHPLACE (City and State or Foreign Country) Dodge City, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Israel Mistrack | 13b. MOTHER'S MAIDEN NAME Bertha Brindess | 14. NAME OF HUSBAND OR WIFE Samuel |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman J. Galamba | ADDRESS 219 Tomahawk |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 4250 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Oct. 6**, 19**53**, to **Oct. 6**, 19**53** that I last saw the deceased alive on **Oct. 6**, 19**53** and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. J. Twin, M.D. | (Degree or title) MD | 23b. ADDRESS Wrayfield Bldg. | 23c. DATE SIGNED Oct. 6, 1953 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-8-53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel | 24d. LOCATION (City, town, or county) (State) K.C., Mo. |
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| DATE REC'D BY LOCAL REG. 10-8-53 | REGISTRAR'S SIGNATURE Sheraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home | ADDRESS K.C., Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

JA 3344
No. of Embalmer

117

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 Guy Buffington
Licensed Embalmer No. 2757

P. O. Address W. O. M. Co.

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.