

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35865

State File No. ....

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5042

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1621 E 55th St</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Friedberg</u>		c. (Last) <u>Friedberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-53</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 2, 1885</u>	
9. AGE (In years last birthday) <u>67 1/2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tillie</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>Mrs. Tillie Friedberg, 1621 E. 55th St.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>15 years</u>	
		DUE TO (c) <u>Cerebral Thrombosis</u>				<u>2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gun shot left chest</u>				<u>20 years</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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 5 July, 1951, to 22 Oct, 1953, that I last saw the deceased alive on 21 Oct, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Blaine Z. Hibbard</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>411 Nichols Rd KCMO</u>		23c. DATE SIGNED <u>22 Oct 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-53</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>		ADDRESS <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>			

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Guy R. Buffington*  
Licensed Embalmer No. *2756*  
P. O. Address *H. C. 7th*

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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. 35865

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5042

On this 5<sup>th</sup> day of November, 1953, before me appears Mrs. Tillie Friedberg, who, upon her oath, states that the original record of ~~birth~~ death for William Friedberg, <sup>died</sup> ~~born~~ Oct. 22, 1953, in the State of Missouri, and which was filed at Kansas City on 10-~~22~~, 1953 should be corrected as follows:

Item No. 8 should read Nov. 2, 1885  
Instead of Nov. 2, 1888

Item No. 9 should read 67  
Instead of 64

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

✓ Affiant Mrs. Tillie Friedberg wife  
1621 E 55<sup>th</sup> St. K.C. 4 Mo. Relationship.  
Present Address.

*verified by  
Voting record.*

Subscribed and sworn to before me this 5<sup>th</sup> day of November, 1953.  
My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

