

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38275

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1198

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Dewey Ave. Parkview Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>610 S. 10th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morris</u> b. (Middle) _____ c. (Last) <u>Brahinsky</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 16, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Jewish</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1894</u>
9. AGE (In years) <u>59</u>		9. AGE (In years) OF UNDER 1 YEAR: MONTHS _____ DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Greer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>	11. BIRTHPLACE (State or foreign country) <u>Russia.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Herbert S. Brahinsky</u>	
13b. MOTHER'S MAIDEN NAME <u>Rachael Karliana</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Brahinsky</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-6206</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Brahinsky</u> ADDRESS <u>St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bowel</u> 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 <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>June</u> , 19 <u>52</u> , to <u>11/16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>53</u> , and that death occurred at <u>10:35 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Scott Benson M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo. 510 Parkview</u>	23c. DATE SIGNED <u>11/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>B'Nai Yaakov Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Nov 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	53 FUNERAL DIRECTOR'S SIGNATURE <u>Michaloff-Hellman Inc.</u> ADDRESS <u>St. Joseph, Mo.</u>	

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.....

Albert C. Harrington
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Licensed Embalmer No. 728 Missouri.

P. O. Address..... St. Joseph, Missouri.

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.