

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43163

State File No.

89614
FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6010

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3108</u>	
c. LENGTH OF STAY (In the place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>556 Stonewall Ct.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Cecille</u>	
c. (Last) <u>Schik</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 18 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-17-53</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Abe Schik</u>	
13b. MOTHER'S MAIDEN NAME <u>Evelyn Adelman</u>		14. NAME OF HUSBAND OR WIFE	
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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Abe Schik</u>		ADDRESS <u>556 Stonewall Ct.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>MULTIPLE Congenital malformations:</u> (1) Hydrocephalus with Arnold-Chiari deformity (2) Spina bifida - lumbosacral & cervical (3) Club feet bilateral (4) Congenital malformations of heart (5) Malrotation of intestine (6) Horseshoe kidney 752K	
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 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 <u>Dec 17, 1953</u> , to <u>Dec 19, 1953</u> , that I last saw the deceased alive on <u>Dec 18, 1953</u> , and that death occurred at <u>1:38 p.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Julius M. Kantor</u> (Degree or title)		23b. ADDRESS <u>Argyle Bldg. K.C. Mo</u>	
23c. DATE SIGNED <u>19/Dec/53</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>12-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)	
24f. DATE REC'D BY LOCAL REG. <u>12-23-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Menorah Medical Center</u>		ADDRESS <u>H.C. 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.....

Licensed Embalmer No.....

P. O. Address.....

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.