

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1283**
263

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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) 46 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	d. STREET ADDRESS (If rural, give location) 632 Forest
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH Medical Center		d. STREET ADDRESS (If rural, give location) 15 632 Forest	

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) _____ c. (Last) DRESNICK		4. DATE OF DEATH (Month) (Day) (Year) 1 16 54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1889 9. AGE (In years last birthday) Approx 23 6/4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Russia 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Lazier Hait 13b. MOTHER'S MAIDEN NAME Tillie (Unknown) 14. NAME OF HUSBAND OR WIFE Jacob	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jacob Dresnick ADDRESS 632 Forest	
--	-------------------------------------	---	--

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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH A-14-54 4201 1-5-54
---	--	---	--	---

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 June, 1951, to A-14, 1954; that I last saw the deceased alive on 1-16, 1954, and that death occurred at 4:50 pm., from the causes and on the date stated above.

23a. SIGNATURE William Lowe Mundy (Degree or title) M.D.		23b. ADDRESS 420 Professional Bldg.	23c. DATE SIGNED 1-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-54	24c. NAME OF CEMETERY OR CREMATORY Sheffield	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 1-18-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home ADDRESS K.C. Mo.
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Ray Buffington
Licensed Embalmer No. 2750

P. O. Address K. G. 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 this body is not embalmed, fact should be so stated above.