

THE DIVISION OF HEALTH OF MISSOURI

No. 300  
10-48

2021-54

STANDARD CERTIFICATE OF DEATH

State File No. **4752**  
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **627**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>23 da</b>	c. CITY OR TOWN <b>Clay Como</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah</b>			e. STREET ADDRESS (If rural, give location) <b>26 N. Emerson 6000</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alan</b>		b. (Middle) <b>Howard</b>	c. (Last) <b>Burnstein</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-8-54</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>1-16-54</b>	9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Days <b>23</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>3 Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jerry Burnstein</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Greenberg</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jerry Burnstein</b>		ADDRESS <b>Home</b>	
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) <b>A.I.V.O. Rectal atresia</b>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Intestinal Obstruction - Recurrent?</b>		
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7561</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>absent Anal opening Proctoplasty</b>				20. AUTOPSY? YES <input checked="" 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) 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 <b>Jan 16, 1954</b> , to <b>8/20, 1954</b> , that I last saw the deceased alive on <b>Feb 5, 1954</b> , and that death occurred at <b>10:00 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Julius M. Kantor MD</b> (Degree or title)			23b. ADDRESS <b>Appto Bldg K.C. Mo.</b>		23c. DATE SIGNED <b>8/20/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-9-54</b>	REGISTRAR'S SIGNATURE <b>Steraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis Fual Home K.C., Mo.</b>		

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

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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 *Grey Buffington*.....  
Licensed Embalmer No. *275*.....  
P. O. Address ... *H. C. Mc*.....

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.