.300
.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4838

BIRTH NO. FILED MAR 4 195 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 580

0

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 13 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Leavenworth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leavenworth
d. STREET ADDRESS (If rural, give location): 1012 So 3rd St.

815 0 8

3. NAME OF DECEASED (Type or Print)
a. (First): Jake
b. (Middle):
c. (Last): Garfinkel

4. DATE OF DEATH (Month) (Day) (Year): 2 - 5 - 54

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-2-1889
9. AGE (In years last birthday): 64 — 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): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): Leavenworth, Kans.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Israel Garfinkel
13b. MOTHER'S MAIDEN NAME: Fannie Barlow
14. NAME OF HUSBAND OR WIFE: Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mayer Garfinkel — ADDRESS: LEAVENWORTH KANS.

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): Uremia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Benign Pyloric obstruction
DUE TO (c): Healed duodenal ulcer

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5410

19a. DATE OF OPERATION: 1-26-54
19b. MAJOR FINDINGS OF OPERATION: Dialated stomach
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25 1954, *to* 2-5, 1954 *that I last saw the deceased alive on* 2-5, 1954, *and that death occurred at* 12:05 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: J.G. Montgomery (Degree or title): J.G. Montgomery M.D.
23b. ADDRESS: Profess Bldg KC Mo
23c. DATE SIGNED: 2-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-7-54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Leavenworth, Kans.
24d. LOCATION (City, town, or county) (State): Leavenworth, Kansas

DATE REC'D BY LOCAL REG.: 2-5-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: J. P. 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 P. L. Lewis

Licensed Embalmer No. 3110

P. O. Address N. C.

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.