

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9510

State File No.

FILED APR 12 1954

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEW YORK</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST BENTON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WOODSIDE LONG ISLAND, 8310</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>USA HOSP, CAMP CROWDER, MO</u>		<u>61-09, 37th Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle)		c. (Last) <u>KIRSCHENBAUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>17 Aug 1904</u>	
9. AGE (In years last birthday) <u>53 49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine M. Kirschenbaum</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes 1 Jul 53-2 Apr 54</u>		16. SOCIAL SECURITY NO. <u>065-16-9561</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Military record</u>		ADDRESS	
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18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c)) <i>Does not mean the mode of dying, such as asphyxiation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion with infarction of myocardium.</u>		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease.</u>					
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (Min)		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 2 April, 1954, to 2 April, 1954, that I last saw the deceased alive on 2 April, 1954, and that death occurred at 0615P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David M. Jorgensen M.D.</u>		23b. ADDRESS <u>USA HOSP, CAMP CROWDER, MO</u>		23c. DATE SIGNED <u>3 Apr 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-3-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILLS, LONG ISLAND NY.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Li. Nease</u>	
DATE REC'D BY LOCAL REG. <u>4-5-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		223	

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 454-64

Date Filed APR 9 1954

APR 1

NEOSHO, MISSOURI

APR 7 1954

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 P. Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, Mo

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.