

No. 300
10-48
FILED SEP 7 1954THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27268

3827

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>802 The Paseo</u>		<u>3158</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAKE</u>			b. (Middle) <u>Joseph</u>		c. (Last) <u>FRIEND</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>4</u> (Year) <u>54</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 3, 1892</u>		9. AGE (In years last birthday) <u>62 years</u>	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>Luggage Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gateway Luggage Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York City, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>No record</u>			13b. MOTHER'S MAIDEN NAME <u>No record</u>			14. NAME OF HUSBAND OR WIFE <u>Blanche Friend</u>			
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>430-10-0807</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Blanche Friend</u>				ADDRESS <u>802 Paseo Apt. #204</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute infarctia + diffuse myocardial</u> <u>digen. - left ventricle</u> DUE TO (b) <u>Severe coronary arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute pulmonary edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 yr</u>	
19a. DATE OF OPERATION <u>8-4-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer</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)		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>July 1st, 1954</u> , to <u>Aug 4, 1954</u> , that I last saw the deceased alive on <u>Aug 4, 1954</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>O.J. Printz</u>				23b. ADDRESS <u>701 E 63rd</u>		23c. DATE SIGNED <u>8-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (auto)</u>		24b. DATE <u>August 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kas.</u>				
DATE REC'D BY LOCAL REG. <u>8-6-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u>		ADDRESS <u>Funeral Home N.C. Mo.</u>		

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

Dec 5 1947

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.....
L. Thomas E. Lee

Licensed Embalmer No. *37*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.