

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 277774
3297

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3297	
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) KANSAS CITY		c. LENGTH OF STAY (In this place) 15 yrs.		c. CITY OR TOWN Kansas City		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 MENORAH Medical Center				e. STREET ADDRESS (If rural, give location) 5505 Olive 3808			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First)		b. (Middle) Trillinsky		c. (Last)	
4. DATE OF DEATH		(Month) 7		(Day) 12		(Year) 54	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Approx. 77 96	
9. AGE (In years last birthday) 77		10. MONTHS 9		11. BIRTHPLACE (City and State or Foreign Country) Kiev, Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Michael Dymofsky		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Kussel		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Abe Trillin		ADDRESS 601 W 70 Terr.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Diabetic mellitus DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Sudden about 5 yrs 260X	
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 Jan 1, 1949 to July 12, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) A. Morris Ginsberg MD	
23b. ADDRESS 420 Prof Bldg		23c. DATE SIGNED July 12-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-13-54	
24c. NAME OF CEMETERY OR CREMATORY B'nai Jacob		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		DATE REC'D BY LOCAL REG. 7-13-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home		ADDRESS K.C., Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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..... *A. L. Louis*

Licensed Embalmer No. *3110*

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