

STANDARD CERTIFICATE OF DEATH

State File No. **30556**

FILED OCT 7 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. **4470**

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) OR TOWN Kansas City		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"/>
c. LENGTH OF STAY (in this place) 35 yrs		e. STREET ADDRESS (If rural, give location) 4312 Pasco 3638	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4312 Pasco			

3. NAME OF DECEASED (Type or Print) a. (First) Morris		b. (Middle)		c. (Last) Dreiszszun		4. DATE OF DEATH (Month) (Day) (Year) 9-20-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Approx 60		9. AGE (in years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Vogue Millinery 315 W 10th		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Pincus Dreiszszun		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bess	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (Unknown)		17. INFORMANT'S SIGNATURE OR NAME Bess Dreiszszun	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Atherosclerotic Heart Disease	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-20**, 19**54**, to **9-20-54**, 19**54**, that I last saw the deceased alive on **9-20**, 19**54**, and that death occurred at **6:30 A** m., from the causes and on the date stated above.

23. SIGNATURE Jack C. Vincent (Degree or title)		23b. ADDRESS 701 E 63 K.C. Mo		23c. DATE SIGNED 9-20-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-54		24c. NAME OF CEMETERY OR CREMATORY Sheffield		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 9-21-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Louis Fyrl Home		ADDRESS K.C. Mo.	
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Guy Buffington

Licensed Embalmer No. *872*

P. O. Address *N.C. 77*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.