

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5029

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 township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</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>MEMORAH Medical Center</u>				STREET ADDRESS (If rural, give location) <u>5117 Paseo</u> <u>3750</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>			b. (Middle) _____		c. (Last) <u>SHURE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 54</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Approx 57</u>		9. AGE (In years last birthday) 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>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fessel Lipkin</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Maynetz</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph N.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph N. Shure</u>			ADDRESS <u>Home</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA METASTASES to VERTebra, LUNG & LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of LEFT BREAST</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BILATERAL HYDROTHORAX with COMPRESSIO ATELECTASIS of RIGHT LUNG</u>						INTERVAL BETWEEN ONSET AND DEATH <u>170k</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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>1853</u> , to <u>Oct 29, 1954</u> , that I last saw the deceased alive on <u>Oct 28, 1954</u> , and that death occurred at <u>7:45 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harry C. Wall MD</u> (Degree or title)				23b. ADDRESS <u>Prof. Bldg KCMU</u>		23c. DATE SIGNED <u>Oct 30, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-30-54</u>		REGISTRAR'S SIGNATURE <u>Ieva Mitchell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>		ADDRESS <u>K.C. Mo.</u>		

(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.....
Signature of Student Embalmer

Signed *Guy Buffington*.....

Licensed Embalmer No. *272*

P. O. Address *T. C. M.*

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.