

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41432

State File No.

95
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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 615

| | | | |
|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY OR TOWN <u>Jasper</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Joplin</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>St. Johns</u> | | e. STREET ADDRESS (If rural, give location) <u>1724 Harlem</u> <u>0495</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leah</u> b. (Middle) <u>Maskovitz</u> c. (Last) <u>Maskovitz</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-54</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4-15-1879</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. AGE (In years last birthday) <u>75</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewifery</u> | 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>Don't know</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Don't know</u> | | 14. NAME OF HUSBAND OR WIFE <u>Morris Maskovitz</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Known 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>Morris Maskovitz</u> | | ADDRESS <u>Joplin Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Occlusion, result of</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture Retrochamberic Right femur</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION <u>12-1-54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Severely Committated per trachea</u> <u>teric fracture Rt femur.</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) <u>NONACCIDENT</u> | |
| 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>YES (ORIGINALLY) UNION STATION</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. LOUIS MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-25-54 5^{PM}</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>FELL DOWN STEPS IN POORLY LIGHT STAIRWAY AT UNION STATION</u> | | 22. I hereby certify that I attended the deceased from <u>11-29, 1954</u> , to <u>12-28, 1954</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>54</u> , and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>W. H. ...</u> | | 23b. ADDRESS <u>First National Building Joplin</u> | |
| 23c. DATE SIGNED <u>1-3-55</u> | | 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>12-31-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>W. Hope Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Wells City Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James ...</u> | |
| 25a. DATE REC'D BY LOCAL REG. <u>1-8-55</u> | | 25b. ADDRESS <u>Joplin Mo.</u> | |

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

(Licensed Embalmer's Signature on Reverse Side)

County File Number
Date Filed
JAN 10 1955

JAN 12 1955

MAR 10 1955

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 *Wm E. Hecobaton*

Licensed Embalmer No. *477*

P. O. Address *St. Louis 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.