

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4753
490

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 80 yrs.

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital

STREET ADDRESS (If rural, give location) 2625 Lawn

3. NAME OF DECEASED (Type or Print)
a. (First) ISAAC b. (Middle) _____ c. (Last) DREYFOOS

4. DATE OF DEATH (Month) (Day) (Year)
2 2 55

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/8/1864

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)
90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Retail Clothing

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan Dreyfoos

13b. MOTHER'S MAIDEN NAME Elizabeth Von Freidrick

14. NAME OF HUSBAND OR WIFE Nora C. Dreyfoos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. H. Potter-2605 Jackson-K.C., Mo.

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) cardiac & Respiratory failure
ANTECEDENT CAUSES DUE TO (b) Robert Pneumonia
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
490h

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. L. Artry (Name or title) D.O.

23b. ADDRESS 4949 Swape Parkway

23c. DATE SIGNED 2/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/5/55

24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-3-55

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar-Kansas City, Mo.

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

*Dr. Anthony
L. ...*

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.....
J. B. ...
Licensed Embalmer No.....

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.