

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4915

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 421

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>60 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOME FOR THE AGED</u>		STREET ADDRESS (If rural, give location) <u>7801 HOLMES</u>	
3. NAME OF DECEASED a. (First) <u>REGINA</u>		b. (Middle) <u>LEFKOVITS</u>	c. (Last) <u>LEFKOVITS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 29, 1955</u>			
5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>APRIL 11, 1869</u>
9. AGE (In years last birthday) <u>85</u>	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>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH LEFKOVITS</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 AND ADDRESS <u>MRS. RUTH KAPLAN-K.C. MISSOURI</u> <u>13 EAST 69 ST.</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>Arteriosclerotic Heart Dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Left Hip</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>4200 F</u> <u>4 mos.</u>
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) _____ m.	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>Oct 1954</u> to <u>Jan 29, 1955</u> , that I last saw the deceased alive on <u>Jan 29, 1955</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>JACK W. WOLF</u> (Degree or title)		23b. ADDRESS <u>415 E. 63 Kansas City, Mo.</u>	23c. DATE SIGNED <u>1/29/55</u>
24a. FUNERAL CREMATION (REMOVAL) (Specify) <u>Funeral</u>	24b. DATE <u>JAN. 31, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT CARMEL</u>	24d. LOCATION (City, town, or county) (State) <u>RAYTOWN MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>1-29-55</u>	REGISTRAR'S SIGNATURE <u>Merna Marshall</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> <u>133 W. WASHINGTON ST. KANSAS CITY, MISSOURI</u>	

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 *Richard L. Rogers*.....

Licensed Embalmer No...490...

P. O. Address *K. C. ...*

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.