

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11925**
1588

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 70 YEARS	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER		STREET ADDRESS (If rural, give location) 120 807 E. 39TH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) BILLIE	b. (Middle) ISADOR	c. (Last) GLAUBERG	4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 55
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH B-10-74
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES REPRESENTATIVE	11. BIRTHPLACE (City and State or Foreign Country) GERMANY
10b. KIND OF BUSINESS OR INDUSTRY MILLINERY SUPPLIES		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN GLAUBERG	13b. MOTHER'S MAIDEN NAME UNKNOWN GOTTLIB	14. NAME OF HUSBAND OR WIFE RAE GLAUBERG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 497-36-6234	17. INFORMANT'S SIGNATURE OR NAME MRS. RAE GLAUBERG ADDRESS 807 EAST 39TH ST. KANSAS CITY, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pyelonephritis, severe, bilateral		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Hydronephrosis + hydronephrosis, bilateral		
	DUE TO (b) Prostatic hypertrophy		
	DUE TO (c) old myocardial infarct left ventricle		
	DUE TO (d) due to old coronary occlusion		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro-pyrenostomy - old.		610X
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) (Min.)	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 Dec, 1974, to 4-8, 1955, that I last saw the deceased alive on 4-7, 1955, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE Harry B. Cohen (Degree or title) D.	23b. ADDRESS 317 Argyle Ave	23c. DATE SIGNED 4-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL 11-1955	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 4-9-55	REGISTRAR'S SIGNATURE Neval Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
HARRY K. COHEN

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 *Albert F. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.