

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33096

State File No. 4309

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>64 hrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	d. 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>Memorial Med. Center Jewish Home</u>		e. STREET ADDRESS (If rural, give location) <u>7801 Holmes</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Henry</u>	b. (Middle) <u>Bloomgarten</u>	c. (Last) <u>Tern</u>	<u>10-8-55</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>6-5-70</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13. NAME OF FATHER'S NAME <u>Mordecai Bloomgarten</u>			

13b. MOTHER'S MAIDEN NAME <u>Minnie (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Dora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Morris Bloomgarten</u> ADDRESS <u>3532 Tracy</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEVERE PULMONARY EDEMA</u>		ANTecedent CAUSES <u>CARDIAC dilatation</u>		<u>18 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>VENTRICULAR fibrillation</u>		<u>18 hrs</u>	
DUE TO (c) <u>ARTERIOlar NEPHROSCLEROSIS</u>		II. OTHER SIGNIFICANT CONDITIONS <u>COLON ANASTOMOSIS with cecostomy</u>		<u>36 hrs</u>	
19a. DATE OF OPERATION <u>10/6/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF SIGMOID</u>		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 10-4, 1955, to 10-8, 1955, that I last saw the deceased alive on 10-7, 1955 and that death occurred at 2 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Leo H Pollock, M.D.</u> (Degree or title) C		23b. ADDRESS <u>1310 Bryant Bldg</u>		23c. DATE SIGNED <u>10/8/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-10-55</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>10-8-55</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</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..... *A. L. Louis*.....

Licensed Embalmer No... *31*

P. O. Address..... *K. E.*

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.