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FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33245**
4704

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Mission Hills</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 (If not in hospital or institution, give street address or location) <u>Menorah Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>3500 West 69th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) <u>Isaac</u>		c. (Last) <u>Goldblatt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 15, 1887</u>		9. AGE (In years last birthday) <u>68</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>President</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tool Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Goldblatt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kahn</u>		14. NAME OF HUSBAND OR WIFE <u>Elsa Goldblatt</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>495-10-5875</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsa Goldblatt</u> ADDRESS <u>3500 W. 69, Mission Hills</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>RECENT MYOCARDIAL INFARCTION</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RECENT MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hours</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.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATHEROMATOUS OCCLUSION RIGHT CORONARY ARTERY</u> <u>YES</u>			DUE TO (c) <u>ATHEROSCLEROSIS CORONARY ARTERIES</u> <u>YES</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old MYOCARDIAL INFARCTION</u>				10/years			
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) <u>4201</u>			
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 <u>10-5, 1954</u> , to <u>11-1, 1955</u> , that I last saw the deceased alive on <u>9-20, 1955</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Marcus Heller M.D.</u> (Degree or title)				23b. ADDRESS <u>409 E. 63rd</u>		23c. DATE SIGNED <u>11-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-2-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u> ADDRESS <u>K.C.MO.</u>			

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 *Eugene Herman*

Licensed Embalmer No. *46*

P. O. Address *Kansas City*

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.