

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33474**

FILED OCT 19 1955

4111

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4111</u>		
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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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 <u>MENORAH MEDICAL CENTER</u>				STREET ADDRESS (If rural, give location) <u>3408 Harrison</u>				
3. NAME OF DECEASED (Type or Print) <u>GERALD</u>			a. (First)		b. (Middle)		c. (Last) <u>Pou, Jr.</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>20</u>		(Year) <u>55</u>		
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan. 16, 1935</u>		
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Draftsman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Consulting Engineers</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Gerald Pou, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Justine Colon</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>106-26-9501</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Justine Pou, 3408 Harrison, K.C.MO.</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>Heart Failure</u>		ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Pulmonary Atelectasis</u>						
		DUE TO (c) <u>Intractable Esophago-gastric hemorrhage</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bacteremic Appendicitis</u>					<u>550!</u>	
19a. DATE OF OPERATION <u>9-12-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>1) Bacteremic appendix & diffuse peritonitis 2) Hemorrhage from two surfaces of peritoneum</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) <u>Kansas City</u> (COUNTY) <u>Mo.</u>		(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 <u>9-8, 1955</u> , to <u>9-20, 1955</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9-20, 1955</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Sanford Simon</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>701 E. 63rd K.C. Mo.</u>		23c. DATE SIGNED <u>9-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-55</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-21-55</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u> ADDRESS <u>K.C.MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

105-0
1133

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 J. Kemmer*

Licensed Embalmer No. *463*
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.