

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33484**

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4234

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place)	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 checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Med Center</u>		e. STREET ADDRESS (If rural, give location) <u>417 W 70th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>	b. (Middle)	c. (Last) <u>Rau</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-55</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-4-1893</u>
9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours
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	11. BIRTHPLACE (City and State or Foreign Country) <u>New Orleans, La.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob Grossman</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Plotke</u>	14. NAME OF HUSBAND OR WIFE <u>Israel G. Rau</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 <u>Dr. H. K. Cohn</u> ADDRESS <u>K.C. Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		E9039 20 years 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> <u>Fracture right hip</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Fracture right hip fell getting into wheel chair</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fractured hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY AND STATE <u>Kansas City Jackson, mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-27-55</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell - fractured right hip</u>

22. I hereby certify that I attended the deceased from 9-27 1955, to 10-1, 1955, that I last saw the deceased alive on 9-30, 1955 and that death occurred at 8:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J.S. Hoffman, M.D.</u> (Degree or title)	23b. ADDRESS <u>330 Professional Bldg</u>	23c. DATE SIGNED <u>10-1-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>New Orleans, La</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.P. Louis Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>10-2-55</u>	REGISTRAR'S SIGNATURE <u>Neve Minshall</u>	

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

Rec'd
11/17/77

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 *Henry Buffington*
Licensed Embalmer No. 270

P. O. Address *H. C. P.*

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.