

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FEB MAR 1 1956

659

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>Missouri</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) <u>60 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>			e. STREET ADDRESS (If rural, give location) <u>56 3434 South Benton</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sy JUSTER</u>		b. (Middle) <u>D.</u>	c. (Last) <u>LENGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 1, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Broker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Oil Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anthony Lenge</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Kavanaugh</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>497-36-8161</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Virginia Lenge, 3434 South Benton</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>Diffuse Peritoneal Carcinomatosis</u>	ANTECEDENT CAUSES				DUE TO (b) <u>CARCINOMA OF PANCREAS</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS	<u>Recent Myocardial Infarction</u>				DUE TO (c) <u>Embolic Occlusion Right Coronary Artery</u>
Conditions contributing to the death but not related to the disease or condition causing death.	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) (Minute)	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>July 2, 1955</u> to <u>Feb 12, 1956</u> that I last saw the deceased alive on <u>Feb 12, 1956</u> and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) <u>Feb 19 1956</u>	23b. ADDRESS <u>1103 Grand Ave</u>	23c. DATE SIGNED <u>Feb 12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McKilley-Eyles, 1800 E. Linwood</u>	DATE REC'D BY LOCAL REG. <u>2-13-56</u> REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Jack B. Brems

MAR 15 1938

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 *Arthur Eugene Hoop*

Licensed Embalmer No. *491*

P. O. Address *K. C. Va.*

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.