

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAR 27 1956**

State File No. **9294**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1023**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> <b>60 yrs.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Missouri</b>	c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		e. STREET ADDRESS (If rural, give location) <b>7434 Olive</b> <b>3908</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>EDITH</b>	a. (First)	b. (Middle)	c. (Last) <b>RUBIN</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 10, 1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 21, 1895</b>	<b>9. AGE</b> (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>clerk - Wayne Towel Co.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country). <b>Kansas City, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Morris Kasoi</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Goldansky</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>William</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <b>497-26-4904</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Nathan Friedman</b>	<b>ADDRESS</b> <b>Home</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute peritonitis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>PERFORATED DIVERTICULUM, SIGMOID</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Peptic ulcer, pylorus, &amp; sealed perforation</b> <b>Carcinoma, left breast, metastases to left axillary lymph nodes &amp; liver</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from March 10, 1956, to March 10, 1956, that I last saw the deceased alive on March 10, 1956, and that death occurred at 12:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Jack W. Wolf</b> (Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>409 E. 63 Kansas City, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3/10/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>3-11-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sheffield</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-10-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Nevas Marshall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis Fun'i Home</b>	<b>ADDRESS</b> <b>K.C. Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....  
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.