

FILED JUN 4 1956

## STANDARD CERTIFICATE OF DEATH

16072  
STATE FILE NUMBERRegistration District No. 128 Primary Registration District No. 2000 Registrar's No. 502

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Length of stay in 1b <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle Last <b>LIEBMAN</b>			4. DATE OF DEATH <b>MAY 31, 1956</b> Month Day Year		
5. SEX <b>MALE</b> <input type="checkbox"/>	6. COLOR OR RACE <b>JEWISH</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 6, 1876</b>		9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REALTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>YOUNGSTOWN, OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>LIPPMAN LIEBMAN</b>			14. MOTHER'S MAIDEN NAME <b>FANNY HESS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>JOSEPH B. LIEBMAN, 1133 E. STANFORD</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart disease: chronic, myocardial, with heart block.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Atherosclerosis</b>			years.
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>4221</b>		
20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>May 15, 1956</b> , to <b>May 31, 1956</b> and last saw her alive on <b>May 30, 1956</b> Death occurred at <b>4:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H. Lohmeyer, M.D.</b> (Degree or title)			22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>May 31, 1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>6/1/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEWCOMER'S CREMATORY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>HERMAN H. LOHMEYER, SPRINGFIELD</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-31-56</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

lower by 4/20/56

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1956

JUN 11 1956

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lewis V. Swad*.....

Licensed Embalmer No. *4*

P. O. Address *Barn*.....

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.