

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16457****1514**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____1. PLACE OF DEATH
a. COUNTY **Jackson**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!)
a. STATE **Missouri** b. COUNTY **Jackson**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City, Mo.**c. LENGTH OF STAY (in this place) **45 yrs.**c. CITY OR TOWN **Kansas City**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **The Menorah Medical Center**e. STREET ADDRESS (If rural, give location) **6212 Forest****28190**3. NAME OF DECEASED (Type or Print) a. (First) **Ben**

b. (Middle)

c. (Last) **Lesky**4. DATE OF DEATH (Month) **5** (Day) **2** (Year) **56**5. SEX **M**6. COLOR OR RACE **W**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married**8. DATE OF BIRTH **1-1-86 1984**9. AGE (In years last birthday) **70 72**

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real Estate**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Poland**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **Jacob Eliazer Lesky**13b. MOTHER'S MAIDEN NAME **Unknown**14. NAME OF HUSBAND OR WIFE **Sarah**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**16. SOCIAL SECURITY NO. **None**17. INFORMANT'S SIGNATURE OR NAME **Mrs. Sarah Lesky** ADDRESS **Home**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Recent organizing myocardial infarct, large, left ventricle**

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES **Coronary artery occlusions.**DUE TO (b) **Chronic pulmonary disease, diffuse emphysema with bronchiectasis, emphysema, fibrosis**DUE TO (c) **Old granuloma-tuberculosis? - left upper lobe, lung**II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.****4201A**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) **Kansas City Jackson Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **4-14**, 19**56**, to **5-2-**, 19**56**, that I last saw the deceased alive on **5-2-**, 19**56**, and that death occurred at **8:10 Am.**, from the causes and on the date stated above.23a. SIGNATURE **Joseph Getelson M.D.** (Degree or title)23b. ADDRESS **1220 Realto Bldg**23c. DATE SIGNED **5-3-56**24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24b. DATE **5-3-56**24c. NAME OF CEMETERY OR CREMATORY **Blue Ridge**24d. LOCATION (City, town, or county) (State) **Kansas City, Mo**DATE REC'D BY LOCAL REG. **5-4-56 neva minshall** REGISTRAR'S SIGNATURE25. FUNERAL DIRECTOR'S SIGNATURE **Louis Fun'l Home** ADDRESS **K.C. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Guy Buffington*

Licensed Embalmer No. 275

P. O. Address K.G., Va.

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.