

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23730

State File No. ....

|   |                               |   |  |  |  |   |                  |
|---|-------------------------------|---|--|--|--|---|------------------|
| BIRTH NO. ....  |                               | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>2724</u>   |                  |
| 1. PLACE OF DEATH   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).   |  |   |                  |
| a. COUNTY<br><u>Jackson</u>   |                               | c. LENGTH OF STAY (in this place)<br><u>25 yrs.</u>   |  | a. STATE<br><u>Missouri</u>  |  | b. COUNTY<br><u>Jackson</u>   |                  |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><u>Kansas City</u>  |                               | c. CITY OR TOWN<br><u>Kansas City</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Menorah Medical Center</u>  |                               |   |  | e. STREET ADDRESS (If rural, give location)<br><u>1220 E. Armour,</u>  |  |   |                  |
| 3. NAME OF DECEASED (Type or Print)   |                               |   | 4. DATE OF DEATH                           |  |  |   |                  |
| a. (First)<br><u>Samuel</u>   | b. (Middle)<br><u>Bernard</u> | c. (Last)<br><u>Gold</u>  | Month<br><u>June</u>                       | Day<br><u>19</u>   | Year<br><u>1956</u>                    |   |                  |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>August 16, 1888</u> | 9. AGE (in years last birthday)<br><u>67</u>   | IF UNDER 1 YEAR<br>Months<br><u>56</u> | IF UNDER 2 HRS.<br>Hours<br><u>56</u>   | Min.<br><u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Gold + Shalet, Inc.</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FURS</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Russia</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |                  |
| 13a. FATHER'S NAME<br><u>Boris Gold</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Helen Solomon</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Rae</u>  |  |   |                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                               | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Harvey R. Gould 3617 W 74th</u>  |  |   |                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |                  |
|   |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Blastic Leukemia</u>  |  |  |  | <u>2 months</u>   |                  |
|   |                               | ANTECEDENT CAUSES<br>DUE TO (b) <u>None</u>   |  |  |  |   |                  |
|   |                               | DUE TO (c) <u>None</u>  |  |  |  | <u>2043</u>   |                  |
|   |                               | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Insufficiency</u> |  |  |  | <u>6 months</u>   |                  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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)   |                               | 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>4/6</u> , 19 <u>56</u> , to <u>6/19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/19</u> , 19 <u>56</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above. |                               |   |  |  |  |   |                  |
| 23a. SIGNATURE<br><u>Paul Moss</u>  |                               | 23b. ADDRESS<br><u>406 Bryon Blvd.</u>  |  | 23c. DATE SIGNED<br><u>6/19/56</u>   |  |   |                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 24b. DATE<br><u>6-20-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Carmel</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>            |                  |
| DATE REC'D BY LOCAL REG.<br><u>6-22-56</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Neva Minshell</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis Fun'l Home</u>  |  | ADDRESS<br><u>K.C. Mo.</u>  |                  |

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 *Gay Kuffington*.....  
Licensed Embalmer No. 2751.....  
P. O. Address *K.C. Mo.*.....

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.