Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. Statland, M.D.

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34171
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4360

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Inside Limits Yes X No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in 1b 34 yrs 8 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐ STREET ADDRESS (If outside, give location) 35 W. 69th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Sam; Middle; Last Peltzie

4. DATE OF DEATH: Month October, Day 6, Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-9-06

9. AGE (In years last birthday): 50 yrs. 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): Vice-Pres.

10b. KIND OF BUSINESS OR INDUSTRY: Cuppel Fabic Inc

11. BIRTHPLACE (City and state or country): Leavenworth, Kans

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Peltzie

14. MOTHER'S MAIDEN NAME: Bluma Michelshansky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 494-16-7139

17. INFORMANT: Kenneth Peltzie Address: K.C. Mo

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): acute leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): —

DUE TO (c): 1043

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb. '56 to Oct. 6, 1956 and last saw her/him alive on Oct. 5, 1956. Death occurred at 11:30 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Statland (Degree or title): MD

22b. ADDRESS: 7[illegible] 63 St.

22c. DATE SIGNED: 10-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-7-56

23c. NAME OF CEMETERY OR CREMATORY: Sheffield

23d. LOCATION (City, town, or county) (State): K. C. Mo

24. FUNERAL DIRECTOR ADDRESS: Louis Funeral Home K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 10-7-56

26. REGISTRAR'S SIGNATURE: Mena Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

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.