

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34252

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4251

1. PLACE OF DEATH a. COUNTY <u>Jack son</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Palm Beach</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>West Palm Beach</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center 3 1/2 blk</u>				Length of stay in <u>3 1/2 wk</u>		d. STREET ADDRESS (If outside, give location) <u>4116 S Dixie</u>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Smith</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>9</u> Day <u>30</u> Year <u>56</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1895</u> <u>9-21-95</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker Bakery</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kiev Russia</u>	
13. FATHER'S NAME <u>David Smith</u>				14. MOTHER'S MAIDEN NAME <u>Anna Karmen</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Allan Zimberoff K.C. Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u> DUE TO (b) <u>arteriosclerosis, generalized</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Rupture of abdominal aorta + aortagraft 9/20/56 P.O. Hemorrhage 9/26/56</u>						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.)					
20c. TIME OF INJURY. Hour _____ 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 <u>9/9/56</u> to <u>9/30/56</u> and last saw <u>him</u> alive on <u>9/30/56</u> Death occurred at <u>8:45</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur Adelman, M.D.</u>				22b. ADDRESS <u>701 S. 63rd St. K.C. Mo.</u>		22c. DATE SIGNED <u>9/30/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-30-1956</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>West Palm Springs Florida.</u>	
24. FUNERAL DIRECTOR'S ADDRESS <u>J. P. Louis Funeral Home K.C. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-30-1956</u>		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Arthur Adelman, M.D.

I

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Geary Buffington

Licensed Embalmer No. *27*

P. O. Address *N.C.M.*

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.