

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Harold Passman

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38078  
 STATE FILE NUMBER  
 5138

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</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>Kansas City, Missouri</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>Menorah Medical Center</b>			Length of stay in 1b <b>30 yrs</b>		d. STREET ADDRESS <b>2710 Tracy</b>		(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>Fannie</b> Middle <b>Jacobson</b> Last <b>Jacobson</b>				4. DATE OF DEATH Month <b>November</b> Day <b>26</b> Year <b>1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-12-83</b>	9. AGE (In years last birthday) <b>73 yrs</b>	IF UNDER 1 YEAR Month _____ Days _____ Hours _____ Min. _____	IF UNDER 21 HRS. Month _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>Latvia B U.S.A.</b>		
13. FATHER'S NAME <b>Aaron Israelson</b>				14. MOTHER'S MAIDEN NAME <b>Hannah (Unknown)</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>None</b>		17. INFORMANT <b>Nathan Jacobson</b> Address <b>Home</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 Compensatory Depression</b> DUE TO (b) <b>Pulmonary edema + Congestion</b> DUE TO (c) <b>Cardiac De-compensation</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 wks 4 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>U201</b>							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 _____ Month _____ Day _____ 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>11-22-56</b> to <b>11-26-56</b> and last saw her <b>her</b> alive on <b>11-25-56</b> . Death occurred at <b>7:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Harold Passman</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>701 E 63</b>		22c. DATE SIGNED <b>11/26/56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-27-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Louis Fun'l Home</b>			25. DATE RECD. BY LOCAL REG. <b>K.C. Mo 11-27-56</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>			

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

Student.....  
Signature of Student Embalmer

Signed *Henry Buffington*  
Licensed Embalmer No. 27

P. O. Address *N.C. 70*

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.