

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38123
STATE FILE NUMBER
5042

FILED DEC 7 - 1956

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E. Corner 31 st CHARLOTTE			Length of stay in lbs. - 35 YRS.	d. STREET ADDRESS 2225 E. 69 th ST (If outside, give location)		
3. NAME OF DECEASED (Type or print) First JACK Middle IRVING Last LERNER			4. DATE OF DEATH 11-19-56		Month Day Year	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-16-08	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURING		10b. KIND OF BUSINESS OR INDUSTRY CAP MFG. CO.	11. BIRTHPLACE (City and state or country) POLAND 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PERETZ LERNER			14. MOTHER'S MAIDEN NAME RACHEL PLANZER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-03-4406	17. INFORMANT TILLIE LERNER, 2225 E 69 th ST 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>Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Dracule Infection</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4 years</u> <u>8 years</u>	
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 <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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from Feb. 1952 to Nov. 19, 1956 and last saw him alive on Nov 19, 1956 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Milton Katz		(Degree or title) Katz M.D.	22b. ADDRESS 1302 Prof Bldg KC 640		22c. DATE SIGNED 11-19-56	
23a. BURIAL, CREMATION, REFINAL (Specify) BURIAL		23b. DATE 11-20-56	23c. NAME OF CEMETERY OR CREMATORY MT. CARMEL		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
24. FUNERAL DIRECTOR LOUIS FUNERAL HOME, K.C., MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-21-56	26. REGISTRAR'S SIGNATURE New Minshall		

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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

Student.....
Signature of Student Embalmer

Signed *Henry Buffington*.....

Licensed Embalmer No. *272*

P. O. Address *H. C. 766*

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.