

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38216

State File No. _____

| | | | | | | | | |
|--|--|--|------------|--|-------------|---|----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4789</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>69 yrs.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u> | | | | STREET ADDRESS (If rural, give location) <u>5000 Oak</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Lillian</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>Rosenblum</u> | |
| 4. DATE OF DEATH <u>11-4-56</u> | | (Month) (Day) (Year) | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | |
| 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>5-23-87</u> | | 9. AGE (in years last birthday) <u>69</u> | | IF UNDER 1 YEAR: Months _____ Days _____ | | |
| IF UNDER 1 YEAR: Hours _____ Mins _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Isaac Mincer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Celia Schuman Meyers</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oscar</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jay Macey Rosenblum</u> | | ADDRESS <u>Home</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of the coronary with melanosis of the aorta</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypotension</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</u> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 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>Nov 18</u> , 19 <u>56</u> , to <u>Nov 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>56</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>330 W. 47th Place</u> | | 23c. DATE SIGNED <u>11/5/56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-6-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-6-56</u> | | REGISTRAR'S SIGNATURE <u>Neve Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> | | ADDRESS <u>K.C. Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. B. Schutz M.D.

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 *Harry Buffington*
Licensed Embalmer No. *278*
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.