

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
38413

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson City</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jackson Co. Hospital</i>				Length of stay in lb <i>25 yrs.</i>		d. STREET ADDRESS <i>8303 Holmes</i>	
3. NAME OF DECEASED (Type or print)		First <i>Esther</i>		Middle		Last <i>Steinfeld</i>	
4. DATE OF DEATH		Month <i>Nov</i>		Day <i>23</i>		Year <i>1956</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 8-1887</i>	
9. AGE (In years last birthday) <i>69</i>		IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i>		IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>			11. BIRTHPLACE (City and state or country) <i>Lincoln, Nebraska</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13. FATHER'S NAME <i>Gustaff Levy</i>				14. MOTHER'S MAIDEN NAME <i>Undersoon</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mrs. Marie Lamb</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)			
				DUE TO (c) <i>Atherosclerosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				<i>Pneumonia</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				332X			
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 <i>-</i> Month <i>-</i> Day <i>-</i> Year <i>-</i> a. m. <i>-</i> p. m. <i>-</i>							
20d. INJURY OCCURRED WHILE AT <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 <i>July 28, 56</i> to <i>Nov 23, 1956</i> and last saw her/him alive on <i>Nov 23, 1956</i> Death occurred at <i>1:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>David Waldman, M.D.</i>				22b. ADDRESS <i>Jackson County Hosp</i>		22c. DATE SIGNED <i>11-24-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Nov-26-1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Independence, Mo</i>	
24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc</i> <i>H. C. Inc</i>				25. DATE RECD. BY LOCAL REG. <i>11-30-56</i>		26. REGISTRAR'S SIGNATURE <i>Byrd A. Bridges</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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..... *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address *N.C.?*

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.