

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1348

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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>Kansas City</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</u>			Length of stay in the <u>50 yrs.</u>		d. STREET ADDRESS <u>3939 Olive</u>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Jake</u> Middle <u></u> Last <u>Lakin</u>				4. DATE OF DEATH Month <u>1-</u> Day <u>3</u> Year <u>57</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-10-83</u>		9. AGE (In years last birthday) <u>73</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor - Klines</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept - Store</u>		11. BIRTHPLACE (City and state or country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>495-05-6362</u>		17. INFORMANT <u>Bess Lakin</u>		Address <u>Home</u>				
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>Carcinoma head of pancreas with extensive metastases to liver.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hemorrhage into small intestine</u>		DUE TO (c) <u>157X</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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>											
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>8:07</u> <u>6/1/56</u> to <u>1/3/57</u> and last saw <u>her</u> alive on <u>11/2/57</u> Death occurred at <u>8:07</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Paul Moss</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>406 Bryant Blvd</u>		22c. DATE SIGNED <u>1/3/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-4-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					
24. FUNERAL DIRECTOR <u>Louis Fun'l Home</u>			ADDRESS <u>K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Heva Marshall</u>				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. ATTENTION: USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Gerry Buffington*.....

Licensed Embalmer No. *271*

P. O. Address *H. C. W.*

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.