

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4626

State File No.

FILED MAR 6 1957

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|---|--|---|--|--|---|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>746</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) <u>Kansas</u> | | c. LENGTH OF STAY (in this place) <u>42 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>720 Wabash</u> | | | | STREET ADDRESS (If rural, give location). <u>17 720 Wabash</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> | | | b. (Middle) | | c. (Last) <u>Chaletzky</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-57</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u> | | 8. DATE OF BIRTH <u>7-3-88</u> | | 9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 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>Russia</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Mendel Riss</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sibia Ribitz</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Morris</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>Isidore Chaletzky</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 years</u> <u>443 X</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) <u>2</u> | | | | | |
| 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>Feb 1952</u> , to <u>Feb 14, 1957</u> , that I last saw the deceased alive on <u>Jan 3, 1957</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>402 E. 63 Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>2/15/57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-15-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2.16.57</u> | | REGISTRAR'S SIGNATURE <u>Neva Minshall</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

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 *Chry Buffington*
Licensed Embalmer No. 2727

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.