

Health, Welfare, Public Service

300 1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4727

FILED MAR 4 1957

STATE FILE NUMBER 653

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City c. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center Length of stay in lb 51 yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY Kansas City d. STREET ADDRESS 235 Ward Parkway 3. NAME OF DECEASED Joe Gottlieb 4. DATE OF DEATH February 10, 1957 5. SEX male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 1-23-1899 9. AGE 58 10a. USUAL OCCUPATION Partner - Gottlieb Ready to Wear 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Fort Scott, Kansas 12. CITIZEN OF WHAT COUNTRY USA 13. FATHER'S NAME Jacob Gottlieb 14. MOTHER'S MAIDEN NAME Ida Daus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? WW I 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Daus Gottlieb 235 Ward Parkway 18. CAUSE OF DEATH acute Coronary Occlusion 2 weeks 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION 21. I attended the deceased from 1951 to 2/10/57 and last saw her alive on 2/9/57 Death occurred at 4:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Cecil M. Kohn, M.D. 22b. ADDRESS 630 Prop. Bldg 22c. DATE SIGNED 2/10/57 23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-12-1957 23c. NAME OF CEMETERY OR CREMATORY Jewish Cemetery 23d. LOCATION (City, town, or county) Fort Scott, Kansas 24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 2-11-57 26. REGISTRAR'S SIGNATURE neva marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Cecil M. Kohn

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 *J. S. Walters*.....

Licensed Embalmer No. *274*

P. O. Address *D. C. M.*

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.