

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8526

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 970

| | | | |
|---|--|--|---|
| 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 town) <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>50 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>501 W. Gregory</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> | | b. (Middle) | c. (Last) <u>Abrams</u> |
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> |
| 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 | 8. DATE OF BIRTH <u>1-31-01</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> | | 9. AGE (In years last birthday) <u>56</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 13a. FATHER'S NAME <u>Joseph Borekaw</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Al N.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Al N. Abrams</u> | ADDRESS <u>Home</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> | ANTECEDENT CAUSES | | 1 hr |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 2 yrs |
| DUE TO (b) <u>Arterial Hypertension</u> | DUE TO (c) | | 444X |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 (Month) (Day) (Year)* (Hour) OF INJURY | 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>1-9-46</u> , 19 <u>46</u> , to <u>2-27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-27</u> , (19 <u>57</u>) and that death occurred at <u>10</u> a. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>William W. Abrams</u> | (Degree or title) <u>D.</u> | 23b. ADDRESS <u>857 New Parkland Bldg. St. P.</u> | 23c. DATE SIGNED <u>3/2/57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-1-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-2-57</u> | REGISTRAR'S SIGNATURE, <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> | ADDRESS <u>K.C. Mo.</u> |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD William W. Abrams 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 *Mary Buffington*
Licensed Embalmer No. 2750

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.