

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8899**

FILED MAR 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 955

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 City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>51 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>4152 College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14152 College</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u>	b. (Middle) <u>Adolph</u>	c. (Last) <u>Silver</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-57</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-1-78</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>78</u>	11. IF UNDER 1 YEAR (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer - Fisher Body Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>4</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Louis Silver</u>	13b. MOTHER'S MARDEN NAME <u>Rivka Hannah (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Celia</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>486-03-5903</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Alvin Silvers</u>	ADDRESS <u>4418 W 53 Terr.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>atherosclerosis</u>		<u>unk</u>
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	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 OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 30, 1957, to Feb 6, 1957, that I last saw the deceased alive on Feb 6, 1957, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry C. Wall</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1116 Prof Bldg K C Mo</u>	23c. DATE SIGNED <u>Feb 17, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-28-57</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Earl Home</u>	ADDRESS <u>K.C. Mo.</u>
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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 *Guy Buffington*.....  
Licensed Embalmer No. *2754*

P. O. Address *N. C. No.*

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.