Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Stanley I. Goldman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

STATE FILE NUMBER 13353 1502

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center — Length of stay in 1b: 68 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3406 Garfield — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Adolf Middle: Last: Pucker

4. DATE OF DEATH: Month March Day 29 Year 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 5-24-75 **9. AGE** (In years last birthday): 81 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): Tailor - Retired **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (City and state or country): Budapest, Hungary **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13. FATHER'S NAME: Unknown **14. MOTHER'S MAIDEN NAME**: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sonia Pucker Address: Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — 20 years
DUE TO (c): (cerebral vascular thrombosis) 332 X — 5 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pneumonia

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 2/25/57 to 3/29/57 and last saw him alive on 3/29/57
Death occurred at 11:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley I. Goldman (Degree or title) MD **22b. ADDRESS** 937 Bryant Bldg Kansas City Mo **22c. DATE SIGNED** 3/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 3-31-57 **23c. NAME OF CEMETERY OR CREMATORY**: Sheffield **23d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Louis Fun'l Home **ADDRESS**: K.C. Mo. **25. DATE RECD. BY LOCAL REG.**: 3-30-57 **26. REGISTRAR'S SIGNATURE**: Nora Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 2750

P. O. Address K.C. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.