

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

165335

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 74 Primary Registration District No. 4135 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mo.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GOWER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Excelsior Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 169</u>		Length of stay in 1b <u>30 min.</u>	d. STREET ADDRESS (If outside, give location) <u>920 Dunbar</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Celia</u> Middle <u>Rose</u> Last <u>Bold</u>			4. DATE OF DEATH Month <u>5</u> Day <u>22</u> Year <u>57</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-14-23</u>
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-Blenders Restaurant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Martin Kopelman</u>	
14. MOTHER'S MAIDEN NAME <u>Dora Goldman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Bennie Bold</u> Address <u>Home</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive intracranial hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4-2 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple cranial fractures</u>			<u>1-2 min.</u>
DUE TO (c) <u>automobile accident</u>			<u>1-2 min.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>killed instantly in auto accident</u>		
20c. TIME OF INJURY Hour <u>1:15</u> a. m. <u>5</u> Month <u>22</u> Day <u>57</u> Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 169</u>		
20e. CITY, TOWN, OR LOCATION <u>Gower</u>	<u>025</u>	COUNTY <u>Clinton</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1:15</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>St. Warron, D.O.</u>		(Degree or title) <u>Coroner of 3</u>	22b. ADDRESS <u>Lathrop, Mo.</u>
22c. DATE SIGNED <u>5-25-57</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	
23b. DATE <u>5-23-57</u>	23c. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	(State)	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24. FUNERAL DIRECTOR <u>Louis Funeral Home</u>	ADDRESS <u>K. C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 1, 1957</u>
26. REGISTRAR'S SIGNATURE <u>Elizabeth Aearce</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Harry Buffington*
Licensed Embalmer No. *27*

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.