

Health, Welfare, Public Service, 100-56, 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. Jack W. Wolf, Jr.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1957

57021317  
STATE FILE NUMBER  
2766

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2766

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		Length of stay in lb <b>48 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1702 East 36th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jacob</b> Middle <b>Rosenberg</b> Last <b>Rosenberg</b>			4. DATE OF DEATH Month <b>June</b> Day <b>10</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 25 1899</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b> Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Scrap Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lubin, Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-42-8889</b>	17. INFORMANT <b>Tillie Rosenberg</b> Address <b>Home</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemia</b> DUE TO (b) <b>Osgrene - Right lower leg</b> DUE TO (c) <b>Atherosclerosis Pelvicans Right leg</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes Mellitus</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 weeks</b> <b>6 mos</b>
20a. ACCIDENT <input 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.) <b>450'</b>			
20c. TIME OF INJURY Hour <b>9:05</b> Month <b>May</b> Day <b>20</b> Year <b>1957</b> a. m. <b>p.</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>May 20, 1957</b> to <b>June 10, 1957</b> and last saw <b>him</b> alive on <b>June 10, 1957</b> . Death occurred at <b>9:05 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Jack W. Wolf, Jr.</b>		(Degree or title)	22b. ADDRESS <b>409 E. 63 Kansas City, Mo.</b>		22c. DATE SIGNED <b>6/11/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge</b>	23c. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>Louis Fun'l Home</b>		ADDRESS <b>K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-12-57</b>	26. REGISTRAR'S SIGNATURE <b>never-minahall</b>	

**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 *Grey Buffington* .....  
Licensed Embalmer No. *27*

P. O. Address *HC* .....

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.