

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 1 3 1 8  
STATE FILE NUMBER

FILED JUL 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2986

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</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>5050 Oak</u>			Length of stay in lb <u>60 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>5050 Oak</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u></u> Last <u>Rosenblum</u>				4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>57</u>			
5. SEX <u>Male</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>7-4-96</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
						IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harry Rosenblum Scrap Metal</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>Jacob Rosenblum</u>				14. MOTHER'S MAIDEN NAME <u>Anna Glicksman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Sylvia Rosenblum</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>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Anterior wall Myocardial Infarction</u> DUE TO (c) <u></u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>8 yrs.</u> <u>4250</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1949</u> to <u>6/24/57</u> and last saw <u>her</u> alive on <u>6/15/57</u> . Death occurred at <u>8:00</u> <u>a</u> . m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Morris Statland M.D.</u>				22b. ADDRESS <u>701 E. 63rd St. K.C., Mo.</u>		22c. DATE SIGNED <u>6/24/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem.</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Louis Funeral Home K. C., Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Morris Statland</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Morris Statland



MAY 7 1963

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 Ruffington*  
Licensed Embalmer No. 27

P. O. Address *NC 27*

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.