

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31721

STATE FILE NUMBER
4352

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4352

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3725 Virginia	
Length of stay in 1b 47 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jacob Middle Bold Last Bold			4. DATE OF DEATH Month September Day 17 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-14-88
9. AGE (In years last birthday) 69 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant	
10b. KIND OF BUSINESS OR INDUSTRY mercantile		11. BIRTHPLACE (City and state or country) Kiev, Russia	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Joseph Bold	
13b. MOTHER'S MAIDEN NAME Bertha (?)		14. NAME OF HUSBAND OR WIFE Minnie Bold	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-38-5117	
17. INFORMANT Isadore Bold		Address 5745 Rockhill Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Thrombosis			
DUE TO (c) Anaesthesia for oral surgery			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (Enter in PART I or PART II of item 18.) Removal of teeth			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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 1/4 1956 to Sept. 17, 1957 last saw him alive on Sept. 17, 1957 Death occurred at 11:45 a.m. m on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) E. J. Twinn, M.D.	
22b. ADDRESS 701 E. 63rd; KC, Mo.		22c. DATE SIGNED 9/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/19/57	23c. NAME OF CEMETERY OR CREMATORY Mount Carmel	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR J.P. Louis Funeral Home		25. DATE RECD. BY LOCAL REG. 9-19-57	26. REGISTRAR'S SIGNATURE Reva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. J. Twinn



De 3-8838

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 Greg Burdington

Licensed Embalmer No. 2756

P. O. Address KC 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.