

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31981
STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4088

300
1-57

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| 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) Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | CITY OR TOWN Kansas City, Mo. |
| c. FULL NAME OF (If NOT in hospital, give location) Menorah Med. Ctr. | | Length of stay in lb <u>7 yrs.</u> | STREET ADDRESS (If outside, give location) 5000 Oak St. |
| 3. NAME OF DECEASED (Type or print) First Mollie Middle (none) Last Lane | | 4. DATE OF DEATH Month Sept Day 1 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE Cauc | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 23, 1875 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life (If now retired)) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 82 |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Jacob Gogel | | 13b. MOTHER'S MAIDEN NAME Laura Manhein | 14. NAME OF HUSBAND OR WIFE Albert Lane (deceased) |
| 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. NO | 17. INFORMANT Mrs. Della Greene Address 5000 Oak St. KCMO |
| 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>Myocardial Infarction</u> DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>4-5</u> <u>4-5</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4331 | |
| 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 Month, Day, Year a.m. p.m. | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20d. 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 <u>1950</u> to <u>9-1-57</u> and last saw her alive on <u>9-1-57</u> Death occurred at <u>11:50 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>B. Marcus Heller M.D.</i> | | 22b. ADDRESS <u>409 E. 67th</u> | 22c. DATE SIGNED <u>9-1-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept 1, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mount Olive | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| 24. FUNERAL DIRECTOR Stine & McClure ADDRESS 3235 Gillham Plaza | | 25. DATE RECD. BY LOCAL REG. <u>9-1-57</u> | 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> |

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
B. Marcus Heller

STATEMENT BY LICENSED EMBALMER

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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 *Elmo D. Triplett*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.