

Health, Welfare  
Public  
Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32800  
STATE FILE NUMBER  
4240

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4240

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3704 Chestnut</i>		Length of stay in lb <i>40 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>3704 Chestnut</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Tillie</i> Middle Last <i>Markus</i>			4. DATE OF DEATH Month <i>9</i> Day <i>11</i> Year <i>57</i>			
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5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 16, 1896</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	11. BIRTHPLACE (City and state or country) <i>Russia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Hershal Leibowitz</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>David Markus</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>Mr. David Markus</i>	Address <i>3704 Chestnut</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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
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21. I attended the deceased from <i>1954</i> to <i>9/11/1957</i> and last saw <i>her</i> alive on <i>9/4/57</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Gustave Eiselein</i> (Degree or title) <i>D</i>	22b. ADDRESS <i>701 E 63rd Street</i>	22c. DATE SIGNED <i>9/11/57</i>
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23a. BURIAL, CREMATION, REINTERMENT (Specify) <i>burial</i>	23b. DATE <i>9/12/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sheffield</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>
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24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home</i>	ADDRESS <i>K.C.Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-11-57</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Gustave Eiselein

All diseases in Part I must be causally related.

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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 Buffington* .....

Licensed Embalmer No. *2736* .....

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.