

Health,
& Welfare
Public
Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

356383
STATE FILE NUMBER
4791

FILED NOV 5 1957

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center 60 yrs.		d. STREET ADDRESS 4041 Benton (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harry Middle Agron Last Agron			4. DATE OF DEATH Month 10 Day 14 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/15/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired butcher		10b. KIND OF BUSINESS OR INDUSTRY food market	11. BIRTHPLACE (City and state or country) Russia
13a. FATHER'S NAME Yehudah Agron		13b. MOTHER'S MAIDEN NAME Chode (unknown)	14. NAME OF HUSBAND OR WIFE (deceased) Sonya Tchernikoff
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. -	17. INFORMANT Address Mr. David Bodker 810 W. 65th St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Uremia DUE TO (b) Mesenteric Thrombosis DUE TO (c) Gangrenous Peritonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Diabetes Mellitus - Card. Decomp - Semiplety			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5702 72 "
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.		20d. INJURY OCCURRED WHILE AT <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 9/6/57 to 10/14/57 and last saw her alive on 10/14/57 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Harold Passman M.D.		22b. ADDRESS 701 E. 63	22c. DATE SIGNED 10/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/16/57	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home K.C.Mo.		25. DATE RECD. BY LOCAL REG. 10-17-57	26. REGISTRAR'S SIGNATURE neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Harold Passman

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 Gary Ruffington

Licensed Embalmer No. 2756

P. O. Address 11 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.