...t. Health, ..., & Welfare ...S. Public ...th Service

...S. 300 ...v. 1-57

FILED NOV 5 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36205

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 4896

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): V.A. Hospital — Length of stay in 1b: 1/5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 2644 McKinley — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: NED Middle: EARL Last: WACHS

4. DATE OF DEATH: Month 10th Day 19th Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-10-25

9. AGE (In years last birthday): 32 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembler

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (City and state or country): Browns, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Hilary F. Wachs

13b. MOTHER'S MAIDEN NAME: Goldie Kramer

14. NAME OF HUSBAND OR WIFE: Melveleah Wachs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 356 16 9673

17. INFORMANT Address: V.A. Hospital, Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Yellow atrophy of the liver

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): Viral hepatitis

INTERVAL BETWEEN ONSET AND DEATH: 092+

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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 September 29,1957, to October 19,1957 and last saw him alive on

Death occurred at 8:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Foroughi (Degree or title): E. Foroughi, M.D.

22b. ADDRESS: V.A. Hospital, K.C., Mo.

22c. DATE SIGNED: 10-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT-22-1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BROOK CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 10-22-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

KP 2

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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address N 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.