

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

1220
STATE FILE NUMBER
391

Registration District No. 149 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			c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			d. STREET ADDRESS 131 East 69th Terr.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle Dorfman Last Dorfman			4. DATE OF DEATH Month January Day 24 Year 1958		
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 7-1-1886		9. AGE (In years, last birthday) approx 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Plumbing supply		11. BIRTHPLACE (City and state or country) Odessa, Russia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Abraham Dorfman			13b. MOTHER'S MAIDEN NAME unknown		
14. NAME OF HUSBAND OR WIFE Rose					
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. 488-32-7203		
17. INFORMANT Marvin Dorfman			Address 6450 Indiana Dr. Jack Vincente Twin, K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Coronary Thrombosis Diabetes Mellitus DUE TO (b) Coronary Thrombosis DUE TO (c) Diabetes Mellitus					INTERVAL BETWEEN ONSET AND DEATH 1/2 day 1604
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.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> 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 Jan. 19 56 to Jan. 24, 19 58 and last saw him alive on Jan. 24, 19 58 Death occurred at 9:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. J. Twin, M.D.			22b. ADDRESS 701 E. 63rd, K.C. Mo.		22c. DATE SIGNED Jan. 25, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/26/58		23c. NAME OF CEMETERY OR CREMATORY Sheffield	
23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)			
24. FUNERAL DIRECTOR J.P. Louis, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 1-25-58		26. REGISTRAR'S SIGNATURE neva minshall

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 Gray B. Buffington

Licensed Embalmer No. 2756

P. O. Address H. C. Mc

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.