

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1316
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. 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 checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3811 E. 56TH STR.				Length of stay in lb 40 yrs.		d. STREET ADDRESS (If outside, give location) 3811 E. 56TH STR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HAROLD Middle HIRCH Last LENER				4. DATE OF DEATH Month 1 Day 20 Year 58			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-21-00	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY LINEN SUPPLY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ISRAEL LERNER				13b. MOTHER'S MAIDEN NAME ANNIE FANNIE STERN		14. NAME OF HUSBAND OR WIFE ROSE LERNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) NO		16. SOCIAL SECURITY NO. 487-01-7809		17. INFORMANT Address JOE RUBIN, 6070 WINDSOR DR., MISSION, KANS.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) Essential hypertension						INTERVAL BETWEEN ONSET AND DEATH Immediate Unknown Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201						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"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>							
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 12/19/57 to present and last saw him alive on 1/17/58 Death occurred at approximately 6 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alexander Shifrin M.D.				22b. ADDRESS 701 East 63rd, K.C. 10, Mo.		22c. DATE SIGNED 1/20/58	
23a. BURIAL, CREMATION, or other disposition (Specify) BURIAL		23b. DATE 1-22-58		23c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR J.P. LOUIS FUNERAL HOME, K.C. MO.				25. DATE RECD. BY LOCAL REG. 1-23-58		26. REGISTRAR'S SIGNATURE Neve Minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Alexander Shifrin
USE ONLY BLACK INK OR RUBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Harry Buffington

Licensed Embalmer No. 2576

P. O. Address N. O. Oko

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.