THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1958

58-005523
STATE FILE NUMBER 745

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City, Missouri — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Medical Center — Length of stay in 1b 30 yrs.	d. STREET ADDRESS (If outside, give location) 643 West 67th Terr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Sam	Middle: T.	Last: Goldberg	4. DATE OF DEATH Month Day Year: February 10, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 4-5-96	9. AGE (In years last birthday): 61 ~~62~~ 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): executive	10b. KIND OF BUSINESS OR INDUSTRY: banking	11. BIRTHPLACE (City and state or country): St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Benjamin Goldberg	13b. MOTHER'S MAIDEN NAME: Rebecca Putter	14. NAME OF HUSBAND OR WIFE: Josephine Goldberg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) w.w.1	16. SOCIAL SECURITY NO.: 492-18-2383	17. INFORMANT Address: Sanders H. Milens, 643 W. 67th Terr. K.C.		

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) - Extensive subarachnoid hemorrhage

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

DUE TO (b) Rupture of basilar artery aneurysm

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

330X

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 1949, to 1958-2-10 and last saw him alive on 2/9/58

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

22a. SIGNATURE (Degree or title): Morris Statland M.D.	22b. ADDRESS: 701 E 63rd St K.C., Mo.	22c. DATE SIGNED: 2/10/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 2/11/58	23c. NAME OF CEMETERY OR CREMATORY: Rose Hill	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: J.P. Louis, 3400 Woodland, K.C. Mo.	25. DATE RECD. BY LOCAL REG.: 2-12-58	26. REGISTRAR'S SIGNATURE: Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 0
-57

Doctor, coroner, etc. must use only standard nomenclature
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Morris Statland

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. 2754

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.