

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-009953
 STATE FILE NUMBER
 1345

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1345

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 1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>508 Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Home for Aged 34 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>300 E. Armour</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JULIUS B. Goldstein</u>			4. DATE OF DEATH Month Day Year <u>3 13 58</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1878</u>	9. AGE (In years ^{age at birth}) <u>79 7/7</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail furniture</u>	11. BIRTHPLACE (City and state or country) <u>Vilna, Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chaim Meyer Goldstein</u>	13b. MOTHER'S MAIDEN NAME <u>(unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Goldstein</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>Herman Goldstein, 435 E. 79th Terr. K.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerosis</u>	<u>YES</u>
	DUE TO (c) <u>Hypertension</u>	<u>YES</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia, right</u>		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.) <u>2</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from <u>Feb 1956</u> to <u>3-13-58</u> and last saw him alive on <u>3-12-58</u> Death occurred at <u>6:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>B. Marcus Heller, M.D.</u>	22b. ADDRESS <u>409 E. G 3rd</u>	22c. DATE SIGNED <u>3-13-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/14/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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24. FUNERAL DIRECTOR <u>J. P. Louts, Kansas City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. MARCUS HELLER

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 *Ray Buffington*

Licensed Embalmer No. 2756

P. O. Address N.C. 768

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.