

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010047
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1479

300
-57

2

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri 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 Home of Jewish Aged 43yrs			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3820 Wayne		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Joseph Reva Middle Last Lindman				4. DATE OF DEATH Month 3 Day 20 Year 58					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4/2/81		9. AGE (In years last birthday) 76	10. F UNDER 1 YEAR Months Days Hours Min.	11. U UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Lithuania 8		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Yehudah M. Greenstein			13b. MOTHER'S MAIDEN NAME Sarah Lansner		14. NAME OF HUSBAND OR WIFE Hyman Lindman				
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. NONE		17. INFORMANT Address Manuel Lindman, 3820 Wayne, 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) CACHEXIA, SEVERE							INTERVAL BETWEEN ONSET AND DEATH 1 yr		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arterio-sclerotic - Dementia		110		DUE TO (c) Hypertension, Ess		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
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 Month, Day, Year a.m. p.m.									
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 8-11-55 to 3-20-58 and last saw her alive on 3-19-58 Death occurred at 2:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. Marcus Heller, M.D.				22b. ADDRESS 409 E. 63rd				22c. DATE SIGNED 3-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/21/58	23c. NAME OF CEMETERY OR CREMATORY Sheffield		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
24. FUNERAL DIRECTOR ADDRESS J.P. Louts, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 3-21-58		26. REGISTRAR'S SIGNATURE Reva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. Marcus Heller

All diseases in Part I must be causally related.

37

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. *2756*

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.