

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010070
STATE FILE NUMBER 1556

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

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5400 Tracy</u> | | d. STREET ADDRESS (If outside, give location) <u>5400 Tracy</u> | |
| Length of stay in lb <u>60 yrs</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Hyman Hyman Marks Marks</u> | | | 4. DATE OF DEATH Month Day Year <u>3 22 58</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Approximately 91</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u> | 11. BIRTHPLACE (City and state or country) <u>Russia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Mayer Berel Marks</u> | 13b. MOTHER'S MAIDEN NAME <u>Freda Reba Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Pesha Dena Marks</u> |
| 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>Louis Marks, 608 E. 74th St. K.C. Mo.</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>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerotic cerebral vasculature disease</u> | <u>20 yrs</u> |
| | DUE TO (c) _____ | <u>3 1/2</u> |
| 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"/> |

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| 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. | |

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| 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 |
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21. I attended the deceased from 3-18-58 to 3-22-58 and last saw him alive on 3-22-58
Death occurred at 9:25 PM 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>E. L. Petry M.D.</u> | 22b. ADDRESS <u>701 E 63rd St Kansas City Mo</u> | 22c. DATE SIGNED <u>3-24-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>3/24/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>J.P. Louis Funeral Home, K.C. Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-25-58</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minchell</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. L. Petry

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no related.

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 *Greg 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.