

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010086

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1396

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH Hospital LIFE</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>7432 TRACY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <b>BERNICE</b> Middle Last <b>MICHAELSON</b>		4. DATE OF DEATH <b>MARCH 15 1958</b> Month Day Year	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 30, 1894</b>
9. AGE (In years last birthday) <b>63</b>		10. 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) <b>HOUSE WIFE ATHOME DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KANSAS CITY, MISSOURI</b>	
11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Soloman J. Wolf</b>		13b. MOTHER'S MAIDEN NAME <b>ROSA LEBRECHT</b>	
14. NAME OF HUSBAND OR WIFE <b>DAVID H. MICHAELSON</b>		Address <b>7432 TRACY AVE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Miss Ruth L. MICHAELSON</b>		Address <b>KANSAS CITY, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1992</b>
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 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
21. I attended the deceased from <b>July 1954</b> to <b>March 15 1958</b> and last saw her alive on <b>3/15/58</b> Death occurred at <b>5:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Don A. Black M.D.</b>		22b. ADDRESS <b>924 H. Park Bldg</b>	
22c. DATE SIGNED <b>3-17-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MARCH 18, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS-1331 BRUSH CREEK</b>		ADDRESS <b>K. C. MO</b>	
25. DATE RECD. BY LOCAL REG. <b>3-17-58</b>		26. REGISTRAR'S SIGNATURE <b>Reva Michael</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Don A. Black



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 *Robert Ray* .....

Licensed Embalmer No. *4182* .....

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.