

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014557

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1633

3. 300  
1-57

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |                               | c. CITY OR TOWN <u>Kansas City</u>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give admission)<br>HOSPITAL OR INSTITUTION <u>Home for Jewish</u>   |                               | Length of stay in lb <u>50yrs</u>   |  |
| 300 STREET ADDRESS <u>1005 W. 88th. St.</u>  |                               | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Rose</u> Middle <u>Zitron</u> Last <u>Zitron</u>   |                               |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>26</u> Year <u>58</u>                                |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>approximately 84</u>   |
| 9. AGE (In years last birthday) <u>84</u>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>  |  |
| 11. BIRTHPLACE (City and state or country)<br><u>Russia</u>  |                               | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Nachem Ruben</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Ike Zitron</u>   |                               | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                      |  |
| 16. SOCIAL SECURITY NO.<br><u>none</u>   |                               | 17. INFORMANT<br><u>Abe Zitron, 1005W. 88th St. K.C. Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis, generalized</u>  |                               |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of colon</u>  |                               |   | <u>2y-5</u>  |
| DUE TO (c) _____   |                               |   | <u>153h</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"/> |
| 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<br>Hour _____ 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 <u>12-4-57</u> , to <u>3-26-58</u> and last saw <u>her</u> alive on <u>3-24-58</u><br>Death occurred at <u>11:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>B. Marcus Heller, M.D.</u>  |                               | 22b. ADDRESS<br><u>409 E. 67th</u>  |  |
| 22c. DATE SIGNED<br><u>3-27-58</u>   |                               | 23. NAME OF CEMETERY OR CREMATORY<br><u>Sheffield</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |                               | 23b. DATE<br><u>3/27/58</u>   |  |
| 23c. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |                               | 24. FUNERAL DIRECTOR<br><u>J.P. Louis Funeral Home, K.C. Mo.</u>  |  |
| 24. ADDRESS<br><u>J.P. Louis Funeral Home, K.C. Mo.</u>  |                               | 25. DATE RECD. BY LOCAL REG.<br><u>3-28-58</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Irene Marshall</u>   |                               |   |  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

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 *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.