

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018501

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2687

300  
1-57

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>MEMORAH HOSPITAL</b>		Length of stay in lb <b>4 1/2 Wks.</b>	d. STREET ADDRESS (If outside, give location) <b>214 EAST ARMOUR</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>B.</b> Last <b>SILBERMAN</b>			4. DATE OF DEATH Month <b>5</b> Day <b>26</b> Year <b>58</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-17-95</b>
9. AGE (In years (If under 1 year, give birth day)) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice President - Palace Clothing Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>New York City, New York</b>	11. BIRTHPLACE (City and state or country) <b>USA.</b>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1 Large retroperitoneal hematoma</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>2 Aortic graft. aortic aneurysm ruptured</b>		DUE TO (c) <b>3 Broncho pneumonia. R.L.L. 4-17</b>	
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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>July 1954</b> to <b>date of death</b> and last saw him alive on <b>5-26-58</b> Death occurred at <b>5-26-1958 AT 7:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Walter Silberman M.D.</b>		(Degree or title) <b>D</b>	22b. ADDRESS <b>701 E 63rd Street</b>
22c. DATE SIGNED <b>5/27/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5-27-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Mausoleum</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und Co., K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Wesley Marshall</b>

MEDICAL CERTIFICATION  
Gustave Eisemann USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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Dec 3-6-1920

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 *Eugene J. Hanson*

Licensed Embalmer No. *4633*

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.