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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021897
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3057

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Medical Center — Length of stay in 1b 10 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Cook
c. CITY OR TOWN Chicago 8120 8 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 3600 W. Shakespere — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Maurine (Middle) L. Last Grabiner

4. DATE OF DEATH Month 6 Day 16 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 1-27-28
9. AGE (In years last birthday) 30 — 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) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (City and state or country) Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Victor Filson
13b. MOTHER'S MAIDEN NAME Ella Simon
14. NAME OF HUSBAND OR WIFE Sidney P. Grabiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 490-24-2389
17. INFORMANT Sidney Grabiner Address 3600 Shakespear Chicago, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Parotid Gland — 4 yrs.
DUE TO (c) Metastasis to Lungs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1420
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Sept. 16, 1957 to 6-16-58 and last saw her/him alive on 6-16-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Phillip H. Halperin M.D.
22b. ADDRESS 701 E 63d. KC, Mo.
22c. DATE SIGNED 6-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/18/58
23c. NAME OF CEMETERY OR CREMATORY Sheffield
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR J.P. Louis ADDRESS 3400 Woodland K.C.Mo
25. DATE RECD. BY LOCAL REG. 6-19-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Phillip H. Halperin

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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. B10

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.