

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029041
STATE FILE NUMBER
REGISTRAR'S No. 3839

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA General Hospital** Length of stay in lb **6YRS**
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**
c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
d. STREET ADDRESS **1212 LINWOOD** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First **Harry** Middle **Burstein** Last
4. DATE OF DEATH Month **8** Day **10** Year **58**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **MARCH 1898** 9. AGE (In years last birthday) **60** 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) **PHYSICIAN** 10b. KIND OF BUSINESS OR INDUSTRY **MEDICINE** 11. BIRTHPLACE (City and state or country) **SHEBOYGAN, WISCONSIN** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **MOSES K. BURSTEIN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) **WW I** (If yes, give war or dates of service) **-** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT Address **PISER MEMORIAL CHAPEL, CHICAGO, ILL**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Occlusion**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH **4201**

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 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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 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 _____, to _____ and last saw her alive on _____ 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) **Hugh A. Owen, Coroner** 22b. ADDRESS **1084 Bialto Bluff** 22c. DATE SIGNED **8-10-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **8-11-58** 23c. NAME OF CEMETERY OR CREMATORY **JEWISH WALDHEIM CEMETERY** 23d. LOCATION (City, town, or county) (State) **FOREST PARK, ILLINOIS**

24. FUNERAL DIRECTOR ADDRESS **J.P. LOUIS FUNERAL HOME, K.C. MO.** 25. DATE RECD. BY LOCAL REG. **8-11-58** 26. REGISTRAR'S SIGNATURE **neva minshall**

(Licensed Embalmer's Statement on Reverse Side)

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

Hugh H. Owen

S. 300
v. 1-57

FILED AUG 27 1958

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 *Leonard Passantino*

Licensed Embalmer No. *4554*
P. O. Address *KC 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.

