

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032806
STATE FILE NUMBER
4605

FILED OCT 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <i>Missouri Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Grand View Mo.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Menorah</i>		Length of stay in <i>2 hrs.</i> 37 yrs.	d. STREET ADDRESS (If outside, give location) <i>822 Main Grandview Mo.</i>

3. NAME OF DECEASED (Type or print) First <i>Goldie</i> Middle <i>Levinson</i> Last			4. DATE OF DEATH Month <i>Sept.</i> Day <i>28</i> Year <i>1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APPROX</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Russia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joseph Rosenblum</i>	13b. MOTHER'S MAIDEN NAME <i>Clara</i>	14. NAME OF HUSBAND OR WIFE <i>Irvin Levinson</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>--</i>	17. INFORMANT Address <i>Menorah Medical Center K.C.Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	4201H
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of Breast with Metastasis to Hip.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY 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
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21. I attended the deceased from _____ <i>Sept 1956</i> to _____ <i>Sept 28, 1958</i> and last saw her alive on _____ <i>Sept 21, 1958</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Jack W. Wolf M.D.</i>	22b. ADDRESS <i>Kansas City, Mo.</i>	22c. DATE SIGNED <i>9/29/58</i>
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23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 30 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>J.P. Louis Funeral Home K.C.Mo/</i>	25. DATE RECD. BY LOCAL REG. <i>9-30-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jack W. Wolf

MEDICAL CERTIFICATION

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 *Henry Buffington*
Licensed Embalmer No. *2757*
P. O. Address *H. C. D. Co.*

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.