

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032935

STATE FILE NUMBER

4028

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

FILED SEP 16 1958

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1154 E. 65th St.		Length of stay in lb 48 yrs.	d. STREET ADDRESS (If outside, give location) 1154 E. 65th Street

3. NAME OF DECEASED (Type or print) First Libby Middle Rashbaum Last Rashbaum			4. DATE OF DEATH Month 8- Day 18- Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Approx 65	9. AGE (In years last birthday) Approx 65	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lees	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR Wife Isadore Rashbaum
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Coroner's office MAGUIRE K.C. MO.
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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) Heart by Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH 297 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Turned on gas in kitchen
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20c. TIME OF INJURY 4:15 p.m. 8-18-58	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
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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) Geo C Kealhofer, M.D., Deputy Coroner	22b. ADDRESS 6677 Market St	22c. DATE SIGNED 8-20-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-58	23c. NAME OF CEMETERY OR CREMATORY Sheffield	23d. LOCATION (City, town, or country) (State) Kansas City MO.
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24. FUNERAL DIRECTOR J.P. Louis Funeral Home K.C. MO.	25. DATE RECD. BY LOCAL REG. 8-21-58	26. REGISTRAR'S SIGNATURE Neva Minshall
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All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Geo. C. Kealhofer



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 Duffington*

Licensed Embalmer No. *2754*

P. O. Address *H.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.