

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032957
STATE FILE NUMBER
4506

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

5. 300
1.-57

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"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Monorah Medical Center		Length of stay in 1b 53 Yrs.	d. STREET ADDRESS (If outside, give location) 3545 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Joseph Rosenthal			4. DATE OF DEATH Month Day Year September 21, 1958	
5. SEX Male	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.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Taylor		10b. KIND OF BUSINESS OR INDUSTRY Bond Clothing Co.	11. BIRTHPLACE (City and state or country) Lithuania	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Shepsel Rosenthal		13b. MOTHER'S MAIDEN NAME Malchi		14. NAME OF HUSBAND OR WIFE Bella Rosenthal	
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. ----		17. INFORMANT Address Mrs. Seymour Hiller 3545 Paseo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anuria from Cholemic Nephrosis			INTERVAL BETWEEN ONSET AND DEATH 2 days	
DUE TO (b) Cholangiolitic ^{STONES} Biliary obstruction				3 weeks
DUE TO (c) _____				54 h

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Emphysema - Diabetes Mellitus - Duodenal ulcer

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.)	

20d. INJURY OCCURRED WHILE AT <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 **1950** to **Sept 21, 1958** and last saw ^{her}him alive on **Sept 21, 1958**
Death occurred at **7:45** **P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack W. Way M.D.	(Degree or title)	22b. ADDRESS 409 E. 63 St., Kansas City, Mo.	22c. DATE SIGNED Sept 23, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 23 1958	23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery	23d. LOCATION (City, town, or county) Kansas City, MO.	(State)
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24. FUNERAL DIRECTOR J.P. Louts Funeral Home K.C.MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

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
Jack W. Wolf



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. *2756*

P. O. Address *NC 2756*

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.