

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032972  
STATE FILE NUMBER  
4371

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4371

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>710 East 92nd</b>		Length of stay in 1b <b>37 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>710 East 92nd K.C. Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BEN</b> Middle Last <b>SCHULMAN</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>13</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-17-19 APPROX.</b>
9. AGE (In years last birthday) <b>57</b>		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) <b>Departmental MGR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Groc.</b>	11. BIRTHPLACE (City and state or country) <b>Roumania</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Michael Schulman</b>	
13b. MOTHER'S MAIDEN NAME <b>Brtna</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Schulman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-01-5328</b>	17. INFORMANT Address <b>Paul Gale 1917 East 39th</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>coronary artery sclerosis</b> DUE TO (c) <b>generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 year</b> <b>2 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I. (a)) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <b>Jan 1958</b> to <b>Nov 13 1958</b> and last saw her alive on <b>20 August 58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Stanley L. Goldman MD</b> (Degree or title)		22b. ADDRESS <b>751 Clebs St - Kansas City Mo</b>	
22c. DATE SIGNED <b>9/13/58</b>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 14 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sheffield</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J.P. Louis Funeral Home K.C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Heva Marshall</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 1 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 Gary Ruffington.....

Licensed Embalmer No. 2756.....

P. O. Address H. C. W. 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.