Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044023
STATE FILE NUMBER 5897

FILED JAN 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital — Length of stay in 1b 15 yrs.

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 [X] No [ ]
d. STREET ADDRESS 418 W 10th (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RALPH Middle W Last CASS

4. DATE OF DEATH Month 12 Day 11 Year 58

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 11-20-1908

9. AGE (In years last birthday) 50 — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY "unknown"

11. BIRTHPLACE (City and state or country) Chisholm, Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lewis Cass

13b. MOTHER'S MAIDEN NAME Selma E. Skoog

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 531-12-3598

17. INFORMANT Selma E. Cass; Address Phoenix, Arizona 6306 North 7th.st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Perforated pyloric ulcer with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) peritonitis and sepsis Toxemia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5401

19. WAS AUTOPSY PERFORMED? YES [X] 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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 12-3-58, to 12-11-58 and last saw ~~her~~ him alive on 12-11-58
Death occurred at 6:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 12-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-13-1958

23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Weilert Funeral Homes; K.C., Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 12-13-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Abraham Gelperin M.D.

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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 B. E. Weilert

Licensed Embalmer No. 4075

P. O. Address K. C. 8, 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.