

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044134

STATE FILE NUMBER

DECEASED JAN 9 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6043

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 318
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Menorah Center Medical Center		Length of stay in 1b 40 Yrs.	d. STREET ADDRESS (If outside, give location) 445 E. 73rd St.
3. NAME OF DECEASED (Type or print) First Gazella Middle Last Gulinson		4. DATE OF DEATH Month 12 Day 21 Year 1958	
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 9-12-09
9. AGE (In years last birthday) 49		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Plattner	
13b. MOTHER'S MAIDEN NAME Sarah Grossman		14. NAME OF HUSBAND OR WIFE Elias L. Gulinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Elias L. Gulinson		Address 445 East 73rd	
18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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)			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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from July 1956 to 12-21-58 and last saw ^{him} _{her} alive on 12-21-1958 Death occurred at 7:55 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arthur Mann MD. (Degree or title)		22b. ADDRESS 257 E 63rd Street	
22c. DATE SIGNED 12/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 23 1958	
23c. NAME OF CEMETERY OR CREMATORY Sheffield		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR J. P. Louis Funeral Home K.C. Mo.		25. DATE RECD. BY LOCAL REG. 12-22-58	
26. REGISTRAR'S SIGNATURE new Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Gustave E. Semann



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. *275*
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.