

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001347

STATE FILE NUMBER

221

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar No. 221

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Length of stay in lb <u>No 1 18 days</u>	d. STREET ADDRESS (If outside, give location) <u>1910 E. 13th St.</u>
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>E.</u> Last <u>HORNBACK</u>		4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>December 24, 1958</u>
9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>18</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kans. City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>none</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Hornback</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Patricia Hornback</u> Address <u>1910 E. 13th St.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral hemorrhagic Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>12-27-58</u> to <u>1-10-59</u> and last saw ^{her} him alive on <u>1-10-59</u> Death occurred at <u>3:25 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Abraham Galperin</u> (Degree or title) <u>D</u>		22b. ADDRESS <u>24th & cherry</u>	22c. DATE SIGNED <u>1-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-14-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Kans. City, Mo.</u>
24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th & Benton</u>		25. DATE RECD. BY LOCAL REG. <u>1-13-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

All diseases in Part I must be causally related.

Abraham Galperin M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Bruce R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.