

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009644

STATE FILE NUMBER 1241

FILED MAR 26 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 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> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home for Jewish Aged</u>		Length of stay in lb <u>53 Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>7801 Holmes</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lottie</u> Middle <u>SCHNIDER</u> Last <u>SCHNIDER</u>		4. DATE OF DEATH Month <u>3</u> Day <u>7</u> Year <u>59</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Approx.</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Russia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Zeviel Schnider</u> 13b. MOTHER'S MAIDEN NAME <u>Esther Birsnoch</u> 14. NAME OF HUSBAND OR WIFE* <u>Anshel Schnider</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-----</u> 17. INFORMANT* <u>Mrs. A. L. Snuder</u> Address <u>642 West 67th 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>Pneumonia Bronchial</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Fractured L.F.T. Hip.</u> DUE TO (c) <u>Arteriosclerotic Cardiac-Vascular Dis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Left Hemiplegia @ Carcinoma Left Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 1/2 wks.</u> <u>4-5</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>fell at home</u>		20c. TIME OF INJURY Hour <u>11</u> Month <u>6</u> Day <u>59</u> a.m. <u>11</u> p.m. <u>6</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas city</u>		COUNTY <u>Jackson</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Oct 1958</u> to <u>3-7-59</u> and last saw <u>her</u> alive on <u>3-5-59</u> Death occurred at <u>5:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. Marcus Heller, M.D.</u>		22b. ADDRESS <u>409 E. 63rd</u>	
22c. DATE SIGNED <u>3-7-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Mar. 8 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>J.P. Louis Funeral Home K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-P-59</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. Marcus Heller



1-1-7-4

**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 *Guy Buffington* .....  
Licensed Embalmer No. *275* .....  
P. O. Address *K.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.