

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021302

STATE FILE NUMBER
REGISTRAR'S NO. 3142

FILED JUL 13 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3142

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"/>	6. CITY OR TOWN 3115 Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in 1b UNKNOWN	d. STREET ADDRESS (If outside, give location) 412 W 12th Terr.
3. NAME OF DECEASED (Type or print) First Middle Last Frank Deleal			4. DATE OF DEATH Month Day Year 6-26-59
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB, 18, 1900
9. AGE (In years) 59 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	11. BIRTHPLACE (City and state or country) UNKNOWN MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE MYRTLE DELEAL		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT MRS. PALTZ GARDNER KANSAS		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PENDING AUTOPSY REPORT Acute extension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) of old myocardial infarction DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 6-11-59 and last saw him alive on 6-26-59 Death occurred at 9:42a on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Abraham Galperin		22b. ADDRESS 2400 Cherry K.C. Mo	
22c. DATE SIGNED 6-26-59		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE JUNE 27, 1959		23c. NAME OF CEMETERY OR CREMATORY WENTZVILLE CEM	
23d. LOCATION (City, town, or county) (State) WENTZVILLE, MO.		24. FUNERAL DIRECTOR DW Newcomer's Sons, K.C. Mo	
25. DATE RECD. BY LOCAL REG. 6-27-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

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

JUL 13 1959

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 *Vern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *R.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.