

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021453

STATE FILE NUMBER

3081

FILED JUL 13 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5. 300
1-57 D

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Length of stay in lb 60 Yrs.		d. STREET ADDRESS 5800 Ward Parkway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First William Middle Last Jacobs				4. DATE OF DEATH Month 6 Day 23 Year 1959							
5. SEX Male		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 May 1 1899		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and state or country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Harry Jacobs				13b. MOTHER'S MAIDEN NAME Shayna Shapiro				14. NAME OF HUSBAND OR WIFE Ann Gladys Jacobs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no or dates of service) NO			16. SOCIAL SECURITY NO. 494-12-6778		17. INFORMANT Address Ann Gladys Jacobs 5800 Ward Parkway						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction - acute pulmonary embolism								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Myocardial infarction		DUE TO (c) Coronary Thromboses							
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 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 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 Dec, 1957 to June 23, 1959 and last saw him alive on June 23, 1959 Death occurred at 5800 Ward Parkway on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE L. M. Shapiro (Degree or title)						22b. ADDRESS 701 E 63 Street 201			22c. DATE SIGNED 6/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/24/59		23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery			23d. LOCATION (City, town, or country) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR J.P. Louis Funeral Home, K.C., Mo.				ADDRESS 6-24-59		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

L. M. Shapiro 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 *Henry Ruffington*
Licensed Embalmer No. *2756*
P. O. Address *H. Co. 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.