

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021474
STATE FILE NUMBER
3015

FILED JUL 8 1959

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

300
-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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7803 HOLMES		d. STREET ADDRESS (If outside, give location) 7803 HOLMES	
Length of stay in lb 5 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last LOU LAZARUS KEMP			4. DATE OF DEATH Month Day Year 6 14 59								
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9-2-1872		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY SHOE		11. BIRTHPLACE (City and state or country) LONDON-ENGLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME LOUIS KEMP				13b. MOTHER'S MAIDEN NAME ZELDA ?			14. NAME OF HUSBAND OR WIFE NONE				
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 Address DOROTHY SCHENFELD- K.C. Mo.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIOLE-PNEUMONIA								INTERVAL BETWEEN ONSET AND DEATH 4 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) PARKINSON'S DISEASE		5 yrs		DUE TO (c) ARTERIO-SCLEROSIS		yrs		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 350X											

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 5-19-54, to 6-19-59 and last saw him alive on 6-17-59
Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Marcus Heller, M.D.			22b. ADDRESS 409 E 63rd			22c. DATE SIGNED 6-20-59		
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23a. BURIAL, CREMATION, OR VAULT (Specify)		23b. DATE 6-21-59		23c. NAME OF CEMETERY OR CREMATORY Schiffel Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City MO.	
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24. FUNERAL DIRECTOR H. Ligerman & Sons K.C. MO.			25. DATE RECD. BY LOCAL REG. 6-21-59			26. REGISTRAR'S SIGNATURE neva minishall		
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. Marcus Heller

All diagnoses in Part I must be causally related.

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 *J. LeRoy Mooney*

Licensed Embalmer No. *4776*

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.