

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025193

FILED JUL 17 1959

149

Registration District No. 1002

Registrar's No.

3260

STATE FILE NUMBER

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, Mo		Length of stay in 1b 30 yrs		c. CITY OR TOWN Kansas City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4109 Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Holbert				4. DATE OF DEATH Month 7 Day 3 Year 59					
5. SEX Female	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 8-6-87	AGE (last birthday) 72 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Bd Operator			10b. KIND OF BUSINESS OR INDUSTRY Police Dept.		11. BIRTHPLACE (City, town, or county) Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lawrence Peak			13b. MOTHER'S MAIDEN NAME Mary Ellen Mooney			14. NAME OF HUSBAND OR WIFE Elmer Holbert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 491-20-5810		17. INFORMANT Address Vincent B. Holbert, 4109 Walnut				
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 with congestive failure							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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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 _____ 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 7-1-59 to 7-3-59 and last saw ^{her} her alive on 7-3-59 Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Abraham Gelperin				22b. ADDRESS 2400 Cherry - K.C. MO				22c. DATE SIGNED 7-3-59	
23a. BURIAL, CREMATIONS, REMOVAL (Specify) Removal		23b. DATE 7-6-59		23c. NAME OF CEMETERY OR CREMATORY Elbo Cemetery		23d. LOCATION (City, town, or county) (State) Near Manhattan, Kansas			
24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo			ADDRESS		25. DATE RECD. BY LOCAL REG. 7-3-59		26. REGISTRAR'S SIGNATURE Irene Marshall		

DOCUMENT

BY AFFIDAVIT OF

Abraham Gelperin, M.D., 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Hausisek

Licensed Embalmer No. 415

P. O. Address K. E. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.