

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-025342

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Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3551 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>27 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3100 Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>Edward</u> Middle <u></u> Last <u>Page</u>	<b>4. DATE OF DEATH</b> Month <u>7</u> Day <u>17</u> Year <u>59</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11-9-1931</u>	<b>9. AGE (last birthday)</b> <u>27</u>	<b>IF UNDER 1 YEAR</b> Months <u></u> Days <u></u>	<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Imperial Casket Co.</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A</u>
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<b>13a. FATHER'S NAME</b> <u>Ed. Page</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bessie Blue</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bessie Page</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>493-26-4474</u>	<b>17. INFORMANT</b> Address <u>Bessie Page 3100 Benton</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Staphylococci brain Abscesses</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH  
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from 6-11-59 to 7-17-59 and last saw him  alive on 7-17-59  
 Death occurred at 2:12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Abraham Gelperin</u>	<b>22b. ADDRESS</b> <u>2400 Cherry</u>	<b>22c. DATE SIGNED</b> <u>7-21-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>7-22-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridge Lawn</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Watkins Bros. K-C - Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-21-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minshell</u>
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DOCUMENT

Abraham Gelperin 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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