

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-029080

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4130 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 51 YRS.	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 INSTITUTE HOME FOR JEWISH AGED		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7801 HOLMES Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BLUMA Middle FOGEL Last FOGEL			4. DATE OF DEATH Month 8 Day 21 Year 59			
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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 8-21-1893	9. AGE (last birthday) 66 YRS.	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) RUSSIA	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME BERNARD BORIS	13b. MOTHER'S MAIDEN NAME CHARNA LEAVITT	14. NAME OF HUSBAND OR WIFE HARRY FOGEL (D'G'D)
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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. -	17. INFORMANT DR. B. B. FOGEL, 3621 W. 97th Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Broncho-pneumonia		3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARDIO-VASCULAR & cerebral sclerosis	yr 5
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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year
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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
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21. I attended the deceased from 11-19-56 to 8-21-59 and last saw her ^{him} alive on 8-21-59
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Marcus Keller M.D.	22b. ADDRESS 409 E. 63rd	22c. DATE SIGNED 8-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-25-1959	23c. NAME OF CEMETERY OR CREMATORY MT. CARMEL	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
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24. FUNERAL DIRECTOR J.P. LOUIS FUNERAL HOME KC MO ADDRESS	25. DATE RECD. BY LOCAL REG. 8-25-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT

BY AFFIDAVIT OF **Marcus Heller, 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lery Buffington

Licensed Embalmer No. 2750

P. O. Address R.C., W.V.

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