

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029138

FILED VS SEP 4 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4045 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		3. Length of stay in 1b 3 1/2 weeks	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 General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 6204 E. 12th.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clyde Middle Calvin Last Jacobs			4. DATE OF DEATH Month 8 Day 18 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY House	11. BIRTHPLACE (City and state or country) Kansas City Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elmer E. Jacobs		13b. MOTHER'S MAIDEN NAME Myrtle Garrett		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. 515-09-7925	17. INFORMANT Address Mrs. Max Schieber 6204 E. 12th.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Colon					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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		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 8-4-59 to 8-18-59 and last saw him alive ^{XXXX} on 8-18-59 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Abraham Gelperin</i>			22b. ADDRESS 2400 Cherry		22c. DATE SIGNED 8-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Forest Hill	23c. LOCATION (City, town, or county) Kansas City Missouri		
23d. FUNERAL DIRECTOR <i>Hope Funeral Home</i>		ADDRESS <i>Cleveland Park</i>	25. DATE RECD. BY LOCAL REG. 8-20-59		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

DOCUMENT

BY AFFIDAVIT OF Abraham Gelperin M.D. MEDICAL CERTIFICATION

APR 2 - 3565

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 J. Royce Hoge

Licensed Embalmer No. 3579
P. O. Address Central Pa

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.