URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1959

59-036261

5145 STATE FILE NUMBER

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Length of stay in 1b: 50 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6017 Rockhill — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: RACHEL Middle: Last: LEIBOWITZ
4. DATE OF DEATH Month: OCTOBER Day: 26, Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/15/1878
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Lithuania
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Labe Bergson
13b. MOTHER'S MAIDEN NAME: Leah ---------
14. NAME OF HUSBAND OR WIFE: Issac Leibowitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Dr. Jack B. Brams Address: 5050 Oak St. K.C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Card-Vascular.
DUE TO (c) Atherosclerosis
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. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 19-59 to Oct 26-59 and last saw her/him alive on Oct 26-59
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jack B. Brams (Degree or title) M.D.
22b. ADDRESS 751 E 62
22c. DATE SIGNED 10-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/27/59
23c. NAME OF CEMETERY OR CREMATORY: Mt Carmel Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: J.P. Louis Funeral Home, K.C., Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 10-26-59
26. REGISTRAR'S SIGNATURE: Neva Minahall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jack B. Brams

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Guy Buffington

Signature of Student Embalmer

Licensed Embalmer No. 2756

P. O. Address N. C. 7/6

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