URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036308

STATE FILE NUMBER

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4981

ENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 50 Yrs.
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): 6146 Holmes
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Paul Middle: Peretz Last: Motto
4. DATE OF DEATH: Month: 10 Day: 15 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/19/1886
9. AGE (last birthday): 73
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): Owner Parking Lot
10b. KIND OF BUSINESS OR INDUSTRY: Car Storage
11. BIRTHPLACE (City and state or country): Poland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Hershel Motto
13b. MOTHER'S MAIDEN NAME: Gittel ------
14. NAME OF HUSBAND OR WIFE: Sarah Motto
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Sarah Motto Address: 6146 Holmse 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): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year
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): Cerebral Arterio Sclerosis
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 1954, to 10/15/59 and last saw ~~her~~ him alive on 10/15/59
Death occurred at 4 55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Jack W. Wolf (Degree or title) M.D.
22b. ADDRESS: 409 E. 63 St Kansas City, Mo.
22c. DATE SIGNED: 10/16/59

BY AFFIDAVIT OF Jack W Wolf

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 16 1959
23c. NAME OF CEMETERY OR CREMATORY: Sheffiel 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.: 10-16-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gary Buffington

Licensed Embalmer No. 3756

P. O. Address L.C. MO

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.