URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040036

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5307

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: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Misston, Kansas
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6220 Ensley Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Nathan; Middle: ; Last: Estrin
4. DATE OF DEATH: Month November; Day 3; Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/25/97
9. AGE (last birthday): 61
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): Jeweler, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store
11. BIRTHPLACE (City and state or country): New York, New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Harry Estrin
13b. MOTHER'S MAIDEN NAME: Anna Shein
14. NAME OF HUSBAND OR WIFE: Mary Estrin
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: Mary Estrin
Address: 6220 Ensley Lane

MEDICAL CERTIFICATION

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)	Carcinomatosis	6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Nasopharyngeal transitional cell	6 mos+
DUE TO (c)	Carcinoma	

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 September 23 59 to November 3 59 and last saw ~~her~~ him alive on Nov 3 59.
Death occurred at 2:33 A.M. K. City, Mo on ~~the~~ date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Arnold V. Arms (Degree or title) M.D.
22b. ADDRESS: 4635 Wyandotte Kan City Mo
22c. DATE SIGNED: 11/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 5/1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill 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.: 11-4-59
26. REGISTRAR'S SIGNATURE: Nina Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Arnold V. Arms

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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.