URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040066

STATE FILE NUMBER

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5553

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: 52 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 235 Ward Parkway, — Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 235 Ward Parkway — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Blanche — Middle: — Last: GOTTLIEB
4. DATE OF DEATH: Month: Nov. — Day: 17, — Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Sept. 12, 1879
9. AGE (last birthday): 80 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ft. Scott, Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Jacob Gottlieb
13b. MOTHER'S MAIDEN NAME: Ida Daus
14. NAME OF HUSBAND OR WIFE: Single
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.: None
17. INFORMANT: Daus Gottlieb, Kansas City, Mo. — Address

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) | Acute Myocardial Infarction | 8 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Angina Pectoris | 2 yrs |
| DUE TO (c) | Arterio-sclerotic C-V Dis. | 4 yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension Ess.

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 1956, to 11-17-59 and last saw her/him alive on 11-17-59
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF B. Marcus Heller

22a. SIGNATURE (Degree or title): B. Marcus Heller, Jr. D.
22b. ADDRESS: 409 E. 67 nd
22c. DATE SIGNED: 11-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-19-59
23c. NAME OF CEMETERY OR CREMATORY: Pinehurst
23d. LOCATION (City, town, or county) (State): Ft. Scott, Kansas

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-18-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joe B. Yoder

Signature of Student Embalmer

Licensed Embalmer No. 4173

P. O. Address K. C. Mo

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