

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

60-006269

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 1249 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Missouri</u>		Length of stay in lb <u>65 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3615 Genesee</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>MORRIS</u> Middle <u>FINKELSTEIN</u> Last				4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>28</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC 9, 1880</u>		9. AGE (last birthday) <u>79 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALES LEVY MEAT CO.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>GALENA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>SAMUEL FINKELSTEIN</u>				13b. MOTHER'S MAIDEN NAME <u>LENA SCHILLER</u>				14. NAME OF HUSBAND OR WIFE <u>TILLIE FINKELSTEIN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>495 01 4171</u>		17. INFORMANT Address <u>TILLIE FINKELSTEIN 3615 GENESEE ST</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic adenocarcinoma to brain.</u> 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) <u>Adenocarcinoma of colon - resected.</u> 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										INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>_____</u>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year _____											
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.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Missouri</u>		COUNTY <u>Jackson</u>		STATE <u>Missouri</u>					
21. I attended the deceased from <u>Feb. 12, 1960</u> to <u>Feb. 28, 1960</u> and last saw him <u>alive on 2/28/60</u> Death occurred at <u>11:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Walter Harvey Jacobs M.D.</u> (Degree or title)				22b. ADDRESS <u>751-E. 63rd St., KC 19 Mo</u>				22c. DATE SIGNED <u>2/29/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAR 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY MO.</u>							
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS K. C. MO.</u>				25. DATE RECD. BY LOCAL REG. <u>3-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>							

DOCUMENT

BY AFFIDAVIT OF Harvey Jacobs, M.D. MEDICAL CERTIFICATION

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 Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas

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.