URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010944

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1709

NDED

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 14 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) 6131 Rockhill Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ben Middle Last Garber

4. DATE OF DEATH Month March Day 23 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-15-92
9. AGE (last birthday) 67 — 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) Retired Baker
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Yachil Garber
13b. MOTHER'S MAIDEN NAME Sarah Ridblatt
14. NAME OF HUSBAND OR WIFE Eve Garber

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. 494-05-7161
17. INFORMANT Address Eva Garber 6131 Rockhill K.C.mo.

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) | Myocardial Failure | 6 hours |
| DUE TO (b) | Urinary infection | 10 days |
| DUE TO (c) | Generalized Carcinomatosis | 1 year |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 July 1959 to March 22, 1960 and last saw her ~~him~~ alive on March 22, 1960
Death occurred at 3:12 A3 - 3-23-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. N. Shapiro MD
22b. ADDRESS 701 E 63
22c. DATE SIGNED 3-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/24/1960
23c. NAME OF CEMETERY OR CREMATORY MtCarmel Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS J.P.Louis Funeral Home, K.C., Mo.
25. DATE RECD. BY LOCAL REG. 3-23-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 275

P. O. Address KCM

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.