URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-011190

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1424

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: 55 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7239 PASEO — 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) 7239 PASEO — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Joseph Middle: MAX Last: RASHBAUM
4. DATE OF DEATH Month: March Day: 8 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-5-88
9. AGE (last birthday): 72 — 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 MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): RUSSIA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Meyer RASHBAUM
13b. MOTHER'S MAIDEN NAME: RIVA SHAPIRO
14. NAME OF ~~HUSBAND~~ OR WIFE: LAURA RASHBAUM
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.: 497-36-4825
17. INFORMANT: LAURA RASHBAUM Address: 7239 PASEO

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)	Massive Coronary Occlusion	Few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Insufficiency	about 2 years
DUE TO (c)	A. S. H. D.	several years

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 10-6-48, to 3-8-60 and last saw her/him alive on 2-28-60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold M. Roberts, M.D.
22b. ADDRESS: 1103 Grand - K.C. 6 - Mo.
22c. DATE SIGNED: 3-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-9-60
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Sheffield
23d. LOCATION (City, town, or county): KANSAS City (State): Mo

24. FUNERAL DIRECTOR: J. Louis Funeral Home ADDRESS: KC Mo
25. DATE RECD. BY LOCAL REG.: 3-9-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Harold M. Roberts

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

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 co
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.