

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1431 **60-011333**
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1431

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>	Length of stay in 1b <u>3 Yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORAH HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8231 VIRGINIA</u>

3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Zevitz</u> Last <u>Zevitz</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>7</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>11-28-98</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>JACOB MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAKE-PASTRIES</u>		11. BIRTHPLACE (City and state or country) <u>POLAND</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JACOB ZEVITZ</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Bittner</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Zevitz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>NO</u> (unknown)) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>507-22-7554</u>		17. INFORMANT <u>Goldie Zevitz</u> Address <u>8231 VIRGINIA</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>Brain tumor - pituitary -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</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)	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
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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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 9:00 Oct 1959 to March 7-60 and last saw her live on March 7, 1960
Death occurred at 9:00 p on the date stated above, and to the best of my knowledge, from the causes stated.

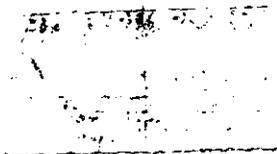
22a. SIGNATURE <u>Gustave Elsmann MD</u>	(Degree or title)	22b. ADDRESS <u>751-E-63rd</u>	22c. DATE SIGNED <u>3/8/60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
24. FUNERAL DIRECTOR <u>J. P. Lewis Funeral Home</u>		ADDRESS <u>KC Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-9-60</u>
		26. REGISTRAR'S SIGNATURE <u>neva Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Gustave Elsmann



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 Greg Buffington.

Licensed Embalmer No. 2756

P. O. Address KC Mo

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