

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 9 1960

=60-015398

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2214

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 60 Yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1926 Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Paul Middle Hoffman Last Hoffman				4. DATE OF DEATH Month 4 Day 18 Year 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/15/99		9. AGE (last birthday) 60		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) Co-Owner Joe's Drive-In Restaurant				10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Harry Hoffman				13b. MOTHER'S MAIDEN NAME Esther Smolinsky				14. NAME OF HUSBAND OR WIFE Richard Mills,					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Max Hoffman 7209 E. 107 Terr. Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic lymphocytic leukemia										INTERVAL BETWEEN ONSET AND DEATH 3 years-			
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) pneumococcal infections arthritis adenocarcinoma 24th								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
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 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8:10 am 1956 to date of death and last saw her alive on 4-18-60 Death occurred at 8:10 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Arthur L. ... M.D. (Degree or title)						22b. ADDRESS 751 E 63rd Street K.C. Mo			22c. DATE SIGNED 4/19/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/20/1960		23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri						
24. FUNERAL DIRECTOR J.P. Louis Funeral Home, K.C. Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 4-20-60		26. REGISTRAR'S SIGNATURE Neva Minshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF GUS CAV. EMBLEMAN.

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 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.