JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-015560

STATE FILE NUMBER

NDED FILED VS APR 20 1960

Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 2014

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: 50 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4102 Park — 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): 4102 Park — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MAX — Middle: — Last: PARTNOY

4. DATE OF DEATH: Month: April — Day: 9 — Year: 1960

5. SEX: White — 6. COLOR OR RACE: Male — 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ — 8. DATE OF BIRTH: — 9. AGE (last birthday): Approx. 80 — 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 Tailor — 10b. KIND OF BUSINESS OR INDUSTRY: Clothing — 11. BIRTHPLACE (City and state or country): Russia — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Shere Partnoy — 13b. MOTHER'S MAIDEN NAME: Anna -------- — 14. NAME OF HUSBAND OR WIFE: Leah Partnoy

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.: 487-05-6960 — 17. INFORMANT: Leah Partnoy — Address: 4102 Park K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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 1-7-58, to 4-9-60 and last saw her/him alive on 4-9-60
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack C. Vincent, (Degree or title): MD. — 22b. ADDRESS: 701 E 63 KC Mo. — 22c. DATE SIGNED: 4-9-60

BY AFFIDAVIT OF: Jack C. Vincent

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 4/10/1960 — 23c. NAME OF CEMETERY OR CREMATORY: MtCarmel Cemeteryry — 23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: J.P. Louis Funeral Home, K.C. Mo. — ADDRESS: — 25. DATE RECD. BY LOCAL REG.: 4-9-60 — 26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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. 2754

P. O. Address CCN

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