MI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

60-038465
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5047

DED

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: 47 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) 2928 Olive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Bessie Middle: Last: Mallin
4. DATE OF DEATH Month: 10 Day: 5 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH:
9. AGE (last birthday): Approx. 63 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Chiam Pollman
13b. MOTHER'S MAIDEN NAME: Gella Berkowitz
14. NAME OF HUSBAND OR WIFE: Harry Mallin
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.:
17. INFORMANT: Harry Mallin, Address: 2928 Olive, 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiogenic shock	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial infarction	8 days
DUE TO (c)	Coronary Sclerosis	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Hypertension

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 June 1960, to October 5, 60 and last saw her/him alive on October 5, 1960. Death occurred at 9:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alexander Shifrin (Degree or title) M.D.
22b. ADDRESS 701 EAST 63rd, K.C. 10, Mo.
22c. DATE SIGNED 10/5/60

BY AFFIDAVIT OF Alexander Shifrin

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/7/1960
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge 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.: 10-7-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(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 b

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 c 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.