

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1967

-60-048711

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6503 STATE FILE NUMBER

|   |  |   |  |  |  |  |   |  |
|---|--|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>  |  | Length of stay in 1b <u>43 Yrs.</u>   |  | c. CITY OR TOWN <u>Kansas City</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location) <u>1238 West 65th Street</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Rebecca</u> Middle <u>Greenblot</u> Last <u>Greenblot</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>26th</u> Year <u>1960</u>   |  |  |   |  |
| 5. SEX <u>female</u>  | 6. COLOR OR RACE <u>white</u>          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH   | 9. AGE (last birthday) <u>Approx. 83</u>                                   | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u>   | IF UNDER 24 HR<br>Hours <u>    </u> Min. <u>    </u>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Russia</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   |  |
| 13a. FATHER'S NAME <u>Moshe Bordman</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Liva</u>  |  |  | 14. NAME OF HUSBAND OR WIFE <u>Joseph Greenblot</u>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>    </u>   |  | 17. INFORMANT <u>Norton Greenblot, 1238 W. 65</u><br>Address <u>K.C., Mo.</u>  |  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>  |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive arterio-sclerotic Cardio-Vas. Dis</u>  |  |   |  |  |  | DUE TO (c) <u>    </u>   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <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<br>Hour <u>    </u> a.m. <u>    </u> p.m. <u>    </u>   |  | Month, Day, Year <u>    </u>  |  |  |  |  |   |  |
| 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 <u>1952</u> to <u>12-26-60</u> and last saw her/him alive on <u>12-26-60</u> .<br>Death occurred at <u>8:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title) <u>B. Margus Heller M.D.</u>   |  |   |  | 22b. ADDRESS <u>409 S. 63rd</u>  |  | 22c. DATE SIGNED <u>12-26-60</u>   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>12/27/1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>                         |  | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |  |   |  |
| 24. FUNERAL DIRECTOR <u>J.P. Louis Funeral Home, K.C., Mo.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG. <u>12-27-60</u>   |  | 26. REGISTRAR'S SIGNATURE <u>H.L. Dwyer</u>  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

B. Margus Heller

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Greg Buffington*

Licensed Embalmer No. 275

P. O. Address Keo

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