

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001653

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 222

AMENDED

FILED VS JAN 30 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 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>53 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>Menorah Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>17 W. 89th Terr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Phil</u> Middle <u>Solomon</u> Last <u>Solomon</u>			4. DATE OF DEATH Month <u>1</u> Day <u>13</u> Year <u>1961</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>2-10-1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Hotel Furnishings Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brooklyn, N.Y.</u>		11. BIRTHPLACE (City and state or country) <u>U. S.</u>			
13a. FATHER'S NAME <u>Max Solomon</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Aarons</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Solomon</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 Address <u>Rosa Solomon 17 W 89th Terr K.C. MO.</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>metastatic carcinoma</u> DUE TO (b) <u>carcinoma of the lung</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>  </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus, generalized arteriosclerosis</u>					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>  </u>			
20c. TIME OF INJURY Hour <u>  </u> s.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u> <u>  </u> <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.) <u>  </u>		20f. CITY, TOWN, OR LOCATION <u>  </u>		COUNTY <u>  </u>	STATE <u>  </u>		
21. I attended the deceased from <u>4-25-1954</u> to <u>1-13-61</u> and last saw her alive on <u>1-13-61</u> Death occurred at <u>4:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Justin Eisman MD</u> (Degree or title)			22b. ADDRESS <u>75126 3rd St</u>		22c. DATE SIGNED <u>1/14/61</u>		
23a. BURNIAL, CREMATION, or other (Specify) <u>BURIAL</u>		23b. DATE <u>1-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>		23d. LOCATION (City, town, or county) (State) <u>RAYTOWN, MO.</u>		
24. FUNERAL DIRECTOR <u>JUSTINE-McCLURE, K.C. MO.</u> ADDRESS <u>  </u>			25. DATE RECD. BY LOCAL REG. <u>1-14-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Gustave Eisman

ITEM NO. SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

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

working under my personal supervision.

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

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K.C. 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.