

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-008872

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1257

STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Jackson
Length of stay in 1b 36 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		d. STREET ADDRESS 2710 Tracy	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Nathan	Middle Jacobson	Last Jacobson	4. DATE OF DEATH	Month 3	Day 8	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Riga, Latvia	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob Jacobson	13b. MOTHER'S MAIDEN NAME Hanna	14. NAME OF HUSBAND OR WIFE Fannie Jacobson
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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 Al Jacobson 5019 Forest, K.C., Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 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
(a) Acute Ventricular Standstill (b) Acute Coronary Insufficiency (c) Repeated Coronary occlusions Old infarcts		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not or related to the terminal disease condition given in PART I)		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 checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from June 15, 1950 and last saw her alive on 3/8/61 Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	3/8/61
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22a. SIGNATURE H. Passman	(Degree or title) M.D.	22b. ADDRESS 701 E 63	22c. DATE SIGNED 3/9/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/10/1961	23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
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24. FUNERAL DIRECTOR J.P. Louis Funeral Home, K.C., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-10-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 H. Passman
 SHOULD READ
 ITEM NO.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.