

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008915

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1224 STATE FILE NUMBER

AMENDED

**FILED MAR 29 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 23 Yrs.  
 c. FULL NAME OF 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) 229 Ward Parkway Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Samuel Middle Kornblum Last  
 4. DATE OF DEATH Month March Day 7 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 7-15-03 9. AGE (last birthday) 57 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 10b. KIND OF BUSINESS OR INDUSTRY Meat Packing 11. BIRTHPLACE (City and state or country) New York, N.Y. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Myer Kornblum 13b. MOTHER'S MAIDEN NAME Ida 14. NAME OF HUSBAND OR WIFE Evelyn Kornblum

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 Address K.C., Mo.  
Evelyn Kornblum, 229 Wardpy

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  
 DUE TO (b) Coronary Disease  
 DUE TO (c)  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Caravanomatosis

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 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 1947 to March 7, 1961 and last saw her alive on March 6, 1961  
 Death occurred at 1:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. M. Kohn M.D. 22b. ADDRESS 751-2-63 22c. DATE SIGNED 3/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 23b. DATE Mar. 8, 1961 23c. NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum 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. 3-8-61 26. REGISTRAR'S SIGNATURE Ruth S. Long

DATE AMENDED  
 Y  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 C. M. Kohn  
 BY AFFIDAVIT OF  
 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 John P. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.