

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2011-61-014000 STATE FILE NUMBER

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

FILED MAY 8 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 53 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 Med. Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 907 Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Simon Middle Smith Last Smith			4. DATE OF DEATH Month April Day 22 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Approx. 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (last birthday) Approx. 63 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Manchester, England		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wolf Smith		13b. MOTHER'S MAIDEN NAME Reva Smolinsky	14. NAME OF HUSBAND OR WIFE -----
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 Mrs. I.G. Kaplan, 404 E. 75th K.C., Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recent pulmonary emboli, multiple Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Recent thrombosis, right auricular appendage Bt Lateral Pleural Effusion			
DUE TO (c) Recent myocardial infarct, left ventricle due to coronary Pulmonary Thrombt- artery thrombosis			
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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 April 18-61 to April 22-61 and last saw her him alive on April 22-61 Death occurred at 7:00am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. P. Louis		22b. ADDRESS 251 E 63	22c. DATE SIGNED 4-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/23/1961	23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR J. P. Louis Funeral Home, K.C., Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-22-61	26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 6-8-61

INSTEAD OF Acute coronary occlusion

Multiple pul. emboli, recent thrombosis, r. appendage Bi Lateral Pleural effusion

Recent thrombosis, r. appendage Bi Lateral Pleural effusion

Myocardial infarct, left ventricle due to coronary artery thrombosis

Pulmonary thromb

BY AFFIDAVIT OF A PHYSICIAN

STATE OF MISSOURI

DEPARTMENT OF HEALTH

ST. LOUIS, MISSOURI

APR 23 1961

REGISTRAR

B. Britms

18a Recent pul. emboli, multiple Acute coronary occlusion

18b Recent thrombosis, r. appendage Bi Lateral Pleural effusion

18c Myocardial infarct, left ventricle due to coronary artery thrombosis

BY AFFIDAVIT OF A PHYSICIAN

STATE OF MISSOURI

DEPARTMENT OF HEALTH

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APR 23 1961

REGISTRAR

B. Britms

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 *Henry Buffington*

Licensed Embalmer No. 2756

P. O. Address KC 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.