

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021241
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2913

FILED JUN 28 1961

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Kansas City

Length of stay in 1b

46 Yrs.

c. CITY OR TOWN

Kansas City

Inside Limits

Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

1307 Brush Creek

Inside Limits

Yes No

d. STREET ADDRESS

1307 Brush Creek

Reside on Farm

Yes No

3. NAME OF DECEASED (Type or print)

First

Mendel

Middle

Dubinsky

Last

4. DATE OF DEATH

Month

June 12, 1961

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married

Widowed Divorced

8. DATE OF BIRTH

11/11/83

9. AGE (last birthday)

77

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Poland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mordcai Dubinsky

13b. MOTHER'S MAIDEN NAME

Anna -----

14. NAME OF HUSBAND OR WIFE

Ida Dubinsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address K.C., Mo.

Ida Dubinsky, 1307 Brush Creek

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 Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Disease

15 years

DUE TO (c)

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.

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 a.m. p.m. 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 Nov. 1, 1958 to June 12, 1961 and last saw her June 12, 1961 alive on June 12, 1961.

Death occurred at 6 am 6/12/61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. S. Braverman, M.D.

22b. ADDRESS

701 E. 63rd St. Kansas City, Mo.

22c. DATE SIGNED

6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/14/1961

23c. NAME OF CEMETERY OR CREMATORY

Sheffield Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

J.P. Louis Funeral Home, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

6-12-61

26. REGISTRAR'S SIGNATURE

Ruth A. Long

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 LEMO

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.