ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-021324

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2945

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: 7 yrs.	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Menorah Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 1223 Drury — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Henry	Middle: A.	Last: Kilgore	4. DATE OF DEATH	Month: June Day: 11, Year: 1961
5. SEX: male	6. COLOR OR RACE: white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4/23/1895	9. AGE (last birthday): 66	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): Rod Mill	10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel	11. BIRTHPLACE (City and state or country): Jasper, Arkansas	12. CITIZEN OF WHAT COUNTRY: U. S.A.		
13a. FATHER'S NAME: Isac Kilgore	13b. MOTHER'S MAIDEN NAME: Susie Crisp	14. NAME OF HUSBAND OR WIFE: Bessie Kilgore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.	17. INFORMANT: Bessie Kilgore	Address: 1223 Drury		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Periphero-Vascular collapse (shock) — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

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

DUE TO (b): Arterio-sclerotic Heart disease — over 6 yrs.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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 April '57, to 6/11/61 and last saw her/him alive on 6/11/61

Death occurred at 10 25/pm pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alexander Shifrin M.D.	22b. ADDRESS: 701 East 63rd, K.C. 10, Mo.	22c. DATE SIGNED: 6/12/61	
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6/14/1961	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Ceme.	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Earp & Sons	ADDRESS: Kansas City, Mo.	25. DATE RECD. BY LOCAL REG.: 6-13-61	26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

Alexander Shifrin

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT — LOCAL CERTIFICATION

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 William H. Eaya

Licensed Embalmer No. 4[illegible]

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.