

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024688

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 187 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in lb 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE N.Y. b. COUNTY Unknown
 c. CITY OR TOWN Brooklyn Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5602 Beverly Road Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Natalie Middle Israel Last Israel
4. DATE OF DEATH Month Aug. Day 7 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 9/18/1937
9. AGE (last birthday) 23 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 10 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY School Teacher
11. BIRTHPLACE (City and state or country) Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Neenblatt
13b. MOTHER'S MAIDEN NAME Sara Citrin
14. NAME OF HUSBAND OR WIFE Herbert Israel
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. Unknown
17. INFORMANT Herbert Israel, 5602 Beverly Rd., Brooklyn, N.Y.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Lacunar and concussion
 DUE TO (b) of brain with multiple
 DUE TO (c) skull fracture
 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)
 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.) Subject was driving auto which overturned
20c. TIME OF INJURY Hour 7:00 AM PM Month, Day, Year 8/16/61
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.) Highway 44 near Sullivan
20f. CITY, TOWN, OR LOCATION Franklin Co COUNTY Franklin STATE Mo
21. I attended the deceased from 8/16/61 to 8/17/61 and last saw her/him alive on 8/16/61
 Death occurred at 12:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Harold M. Crowe, M.D. **22b. ADDRESS** Crowe Clinic, Inc **22c. DATE SIGNED** 8/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 8/17/1961 **23c. NAME OF CEMETERY OR CREMATORY** Brooklyn, New York **23d. LOCATION** (City, town, or county) (State)
24. FUNERAL DIRECTOR Hebrew & Vite, Inc. Washington, Mo **25. DATE RECD. BY LOCAL REG.** 8/17/61 **26. REGISTRAR'S SIGNATURE** Lilla C. Hederman

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1961

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 Lester A. Witt

Licensed Embalmer No. 3254
P. O. Address Washington,

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.