

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5415-61-036782
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. _____

AMENDED

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Prairie Village	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS (If outside, give location) 7638 Norwood	

3. NAME OF DECEASED (Type or print) First Linda Middle Birnbaum Last Birnbaum			4. DATE OF DEATH Month 10 Day 31 Year 61		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/40	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months _____ Days _____ 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) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Ess Ray Greene		13b. MOTHER'S MAIDEN NAME Ann Kaufman	
14. NAME OF HUSBAND OR WIFE Marvin A. Birnbaum		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 Marvin A. Birnbaum, 7638 Norwood		18. ADDRESS P.V., Ks.		19. NAME OF DECEASED Linda Birnbaum	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Multiple pulmonary emboli** INTERVAL BETWEEN ONSET AND DEATH **3 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Thrombophlebitis following venous cutdown surgery** **2 weeks**

DUE TO (c) **Peptic ulcer, Ulcerative Colitis, Colectomy** **2 months**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Patient was 5 mos. pregnant at time of exacerbation of Ulcerative Colitis.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ 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 **Sept. 1961** to **October 31, 1961** and last saw her/him alive on **10/31/61**
Death occurred at **8 AM** on **10/31/61** at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter Harvey Jacobs, M.D.	22b. ADDRESS 751-C.63rd St., K.C. 10, Mo.	22c. DATE SIGNED 10/31/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/1/1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. STATE Mo.

24. FUNERAL DIRECTOR J.P. Louis Funeral Home, K.C., Mo.	25. DATE RECD. BY LOCAL REG. 10-31-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
Walter Harvey Jacobs, M.D.

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 Lucy 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.