MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011044

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1438

FILED APR 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 56 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5824 Wyandotte — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rudolph Middle: Last: Hirsch

4. DATE OF DEATH: Month: March Day: 9, Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: July 19, 1879

9. AGE (last birthday): 82 — 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): Chemist

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Company

11. BIRTHPLACE (City and state or country): Columbus, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: (Unknown) Hirsch

13b. MOTHER'S MAIDEN NAME: Charlotte Myers

14. NAME OF HUSBAND OR WIFE: Maude Hirsch

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.: unk.

17. INFORMANT: Barbara Lockwood, Address: 5824 Wyandotte, K.C., Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Intertrochanteric fracture right femur. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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

DUE TO (b): Cerebral vascular thrombosis

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.): Fall

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: March 4 62

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.): Home

20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from March 4 - 62 to March 9-62 and last saw her him alive on March 9 - 62

Death occurred at 6:30 pm March 9-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank R. Williams M.D.

22b. ADDRESS: 4706 Broadway

22c. DATE SIGNED: March 10 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 3-12-62

23c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomers Sons

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 3-12-62

26. REGISTRAR'S SIGNATURE: Ruth Long

MEDICAL CERTIFICATION: Frank R. Williams

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Williams
~~[illegible]~~
Va 1-0078
4706 Broadway

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_____ Signed Earl Robeson
Signature of Student Embalmer

Licensed Embalmer No. 4232

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.