

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023055^v
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3151

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 6 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 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 | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 55 Yrs | | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | d. STREET ADDRESS (If outside, give location) 1017 E. 83rd Terr. | |
| 3. NAME OF DECEASED (Type or print) First Louis Middle Goldstein Last Goldstein | | 4. DATE OF DEATH Month 7 Day 6 Year 1962 | |
| 5. SEX Male | 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 APPROX. 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Clothing | 11. BIRTHPLACE (City and state or country) POLAND |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME Wolf Goldstein | |
| 13b. MOTHER'S MAIDEN NAME Freda | | 14. NAME OF HUSBAND OR WIFE ELLA Goldstein | |
| 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. [REDACTED] | |
| 17. INFORMANT ELLA Goldstein | | Address 12C Mo 1017-E-83 Terr | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia and Ventricular Fibrillation following surgery for acute gangrenous cholecystitis with perforation of gall bladder | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED] | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 6-10-62 to 6-14-62 and last saw her alive on 6-14-62 | | Death occurred at 4:55 P m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE P. H. [REDACTED] (Degree or title) Phyllis Hatalperin M.D. | | 22b. ADDRESS 751 E. 63rd KC Mo | 22c. DATE SIGNED 6-15-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6-15-62 | 23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery | 23d. LOCATION (City, town, or county) (State) KC Mo |
| 24. FUNERAL DIRECTOR J. P. Louis Funeral Home | | 25. DATE RECD. BY LOCAL REG. 6-15-62 | 26. REGISTRAR'S SIGNATURE Ruth N Long |

USE BLACK INK OR TYPEWRITER RIBBON



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 Grey Buffington

Licensed Embalmer No. 2756

P. O. Address _____

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.
(2) If this body is not embalmed, fact should be so stated above.