

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000346

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 103

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ FEB 4 1963

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph, Length of stay in 1b since 1917

c. FULL NAME OF (If NOT in hospital, give location) Meth. Hosp. & Med. Center Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph, Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 805 South 11th Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First LEO Middle EVELOFF Last EVELOFF

4. DATE OF DEATH Month January Day 25 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Oct. 29, 1889 9. AGE (last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant 10b. KIND OF BUSINESS OR INDUSTRY Leo Eveloff Clothing 11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jewelkin Eveloff 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Rachel Eveloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Mrs. Rachel Eveloff Address St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 27 days

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

DUE TO (b) Cerebral arteriosclerosis

DUE TO (c) arteriosclerosis generalizid

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension (dry) - left foot - arteriosclerosis

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 11:45 a.m. AM Month, Day, Year Jan 25 1963

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 St. Joseph, Missouri

21. I attended the deceased from March 1960 to Jan 25 1963 and last saw her alive on Jan 25 1963. Death occurred at 11:45 AM m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Irwin Sholem M.D. 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED 1-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 27, 1963 23c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. ADDRESS [redacted] 25. DATE RECD. BY LOCAL REG. Jan. 31, 1963 26. REGISTRAR'S SIGNATURE Mrs. Clark Neeshy

Permit issued 11/26/63

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 Robert W. Hedley, Student Embalmer No. 662

working under my personal supervision.
Student Robert W. Hedley
Signature of Student Embalmer.

Signed Raymond H. Thore

Licensed Embalmer No. 5147
P. O. Address St Joseph St

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.