

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30109

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3950

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>2 Months</b>		d. STREET ADDRESS (If rural, give location) <b>2850 Troost</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospt.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dora</b>	b. (Middle)	c. (Last) <b>Borofsky</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9/14/49</b>
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5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (In years last birthday) <b>Aprox. 78</b>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. UNDER 4 HRS. Hours	13. UNDER 8 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Russia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Hershal Burnett</b>	13b. MOTHER'S MAIDEN NAME <b>Chaye Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Max Pitluck None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Max. Pitluck</b>	ADDRESS <b>4414 Paseo,</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basal Skull fracture</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Comminuted fracture, Both</b> DUE TO (c) <b>Bones Right forearm.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E9000 21</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Relative to signs of skull fracture</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>9-9-49 4:45 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell down stairs 23</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Owens</b> (Degree or title)	23b. ADDRESS <b>1034 Reath Bldg</b>	23c. DATE SIGNED <b>9-15-49</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/16/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>dont know as yet</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-15-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H Tigerman &amp; Sons</b>	ADDRESS <b>N. C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address *Kennett City, 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 this body is not embalmed, fact should be so stated above.