

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40552  
Registrar's No. 5007

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Sophian Plaza, 4618 Warwick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) <u>A</u> c. (Last) <u>ALTshuler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 26 50</u>											
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>										
8. DATE OF BIRTH <u>2-26-02</u>			9. AGE (In years last birthday) <u>48</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours			Min.
IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR												
Months	Days	Hours												
		Min.												

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice-Pres. Treas. Stratford Engineering Corp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Arthur Altshuler</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Netter</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Altshuler</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-07-5633</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Altshuler, Sophian Plaza, K.C. Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary insufficiency, Myocarditis</u> ANTECEDENT CAUSES (a) <u>Arterio valve stenosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Oct, 1950, to Nov 25, 1950, that I last saw the deceased alive on 11 25, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.C. Clasen</u> (Degree or title)		23b. ADDRESS <u>1430 Benge Bldg</u>		23c. DATE SIGNED <u>11-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment)		24b. DATE <u>11/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-28-50</u>		REGISTRAR'S SIGNATURE <u>Teraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Max E. Meyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 14555

P. O. Address K. E. 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.