

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31482  
4114

State File No. ....

FILED OCT 11 1952

|   |                           |   |  |  |  |   |  |
|---|---------------------------|---|--|--|--|---|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>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. LENGTH OF STAY (In this place) <u>62 1/2</u> <u>RS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location) <u>6227 Rockhill</u>      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mendota</u>  |                           |   |  | d. STREET ADDRESS (If rural, give location) <u>30</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Wolte</u>  |                           | b. (Middle) <u>Bear</u>   |  | c. (Last) <u>Baraban</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 18 1952</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>1865</u>   |  | 9. AGE (In years last birthday) <u>87</u>                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Junr</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>                             |  |
| 13a. FATHER'S NAME <u>Mendel Baraban</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Goldie Baraban</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |                           | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Baraban</u> ADDRESS <u>6227 Rockhill</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |                           | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct &amp; Uremia</u>   |                           | ANTECEDENT CAUSES   |  |  |  | 4201  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |                           | DUE TO (b) <u>Chronic Myocarditis</u>   |  |  |  |   |  |
|   |                           | DUE TO (c) <u>Arteriosclerosis &amp; senility</u>   |  |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |                           | Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> |  |  |  |   |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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)  |  |   |  |
| 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  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Sept 19 1952</u> to <u>Sept 18, 1952</u> , that I last saw the deceased alive on <u>Sept 18, 1952</u> and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. |                           |   |  |  |  |   |  |
| 23a. SIGNATURE <u>D. M. Shapiro M.D.</u> (Degree or title)  |                           |   |  | 23b. ADDRESS <u>2628 Pot. Bldg.</u>  |  | 23c. DATE SIGNED <u>9-19-52</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                           | 24b. DATE <u>9/19/52</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Shattfield</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>9-19-52</u>   |                           | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>   |  | ADDRESS <u>3400 Woodland Ave. Mo.</u>                                 |  |

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

~~Mr. J. J. J.~~

Nov 13 10

**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 Guy Buffington  
Licensed Embalmer No. 2156

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