

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34997

4506

FILED NOV 8 1952		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4506	
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 17 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital Medical Center		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 31018			
d. STREET ADDRESS 4231 Benton Blvd.		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Frieda b. (Middle) Gordon c. (Last) Gordon		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1952			
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/1/1864	9. AGE (in years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Russia 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Joseph Selzer		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Phillip Gordon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Fox, K.C. Mo. ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Myocardia & senility DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral - accident -			INTERVAL BETWEEN ONSET AND DEATH    443X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 19 1939 to 10-16, 1952, that I last saw the deceased alive on 10-15, 1952, and that death occurred at 12:05 p.m. from the causes and on the date stated above.					
23a. SIGNATURE L. M. Shapiro (Degree or title) MD		23b. ADDRESS 638 Perry Blvd		23c. DATE SIGNED 10-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/17/1952		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
24d. LOCATION (City, town, or county) ST. Louis		24e. (State) Missouri			
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Funeral Home 3400 Woodland K.C. Mo.	

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 *C. L. Lewis*

Licensed Embalmer No. 3110

P. O. Address H. 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.