10-46

FILED JUN 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16572

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2349

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7315 Charlotte 3918

3. NAME OF DECEASED (Type or Print)
a. (First): Nathan
b. (Middle):
c. (Last): Novick

4. DATE OF DEATH (Month) (Day) (Year): 5-23-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Approx 91
9. AGE (In years last birthday): 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): Retired - Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Russia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Abraham Novick
13b. MOTHER'S MAIDEN NAME: (Unknown)
14. NAME OF HUSBAND OR WIFE: Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: (Unknown)
17. INFORMANT'S SIGNATURE OR NAME: Geo. Novick
ADDRESS: 7315 Charlotte

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Indefinite
DUE TO (c) Hypertension — Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia — 12 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 11, 1954, *to* May 23, 1954, *that I last saw the deceased alive on* May 22, 1954, *and that death occurred at* 2.50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. B. Boyer (Degree or title): D.O.
23b. ADDRESS: 5529 Troost K.C. Mo.
23c. DATE SIGNED: May 24, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24-54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24d. LOCATION (City, town, or county) (State): Kansas City, Mo

DATE REC'D BY LOCAL REG.: 5-24-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Louis Fun'l Home
ADDRESS: K.C. Mo.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No 275

P. O. Address K.C. 7140

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.