

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 24351. PLACE OF DEATH
a. COUNTY Jackson2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jacksonb. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Kansas City c. LENGTH OF STAY (in this place) 20 yrs.c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION: 801 E Armoure. STREET ADDRESS (If rural, give location) 5D 801 E. Armour 35083. NAME OF DECEASED
(Type or Print) a. (First) Jack b. (Middle) _____ c. (Last) Fine4. DATE OF DEATH (Month) (Day) (Year) 5-29-545. SEX M6. COLOR OR RACE W7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 28. DATE OF BIRTH Approx 56

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME Meyer Fine13b. MOTHER'S MAIDEN NAME Anna (Unknown)14. NAME OF HUSBAND OR WIFE Vista15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No16. SOCIAL SECURITY NO. Unknown17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jacob Silverfork 441 W 67 Terr.18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary OcclusionINTERVAL BETWEEN ONSET AND DEATH 1/2 hour

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerosis

1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.arthritis of knees4201

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Jan 21, 1954, to May 29, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.23a. SIGNATURE Joseph Getelson M.D. (Degree or title)23b. ADDRESS 1220 Realts Bldg

23c. DATE SIGNED _____

24a. BURIAL CREMATION REMOVAL (Specify) Removal24b. DATE 5-30-54

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.DATE REC'D BY LOCAL REG. 5-31-54REGISTRAR'S SIGNATURE Geraldine Smith25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Fuel Home 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.....
Signature of Student Embalmer

Signed *Guy Buffington*.....

Licensed Embalmer No. *2757*

P. O. Address *N.C. 500*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.