

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27302**
3305

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Riley</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. CITY OR TOWN <u>Manhattan</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 wks.</u>		f. STREET ADDRESS (If rural, give location) <u>412 Westview Drive</u> <u>8152</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>(none)</u> c. (Last) <u>Goldstein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-15-1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kansas Hide & Wool</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas Hide & Wool Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Zorsmine, Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Moses Goldstein</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Kurtsman</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Goldstein</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mollie Goldstein, Wife, Manhattan, Ks.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastro-intestinal hemorrhage:</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ulceration of inkst. int.</u> DUE TO (c) <u>Compression fracture, transverse myelitis with paralysis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Detroit, Dickinson County, Kansas</u>	<u>8/5</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25, 1954 1:05Pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck skidded on wet black top pavement</u>	

22. I hereby certify that I attended the deceased from May 25, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 12:55 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Gustave Eisemann MD MD.</u>	23b. ADDRESS <u>701 East 63rd street.</u>	23c. DATE SIGNED <u>7/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tifesth Israel</u>
24d. LOCATION (City, town, or county) (State) <u>Lincoln, Nebraska</u>		

DATE REC'D BY LOCAL REG. <u>7-14-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. A. Fulton Funeral Home K. C. 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph Fulton*.....

Licensed Embalmer No. *3036*

P. O. Address *A.C.A.*.....

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.