

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15456
2050

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>60 yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Jewish Aged</u> | | STREET ADDRESS (If rural, give location) <u>7801 Holmes 3948</u> | |

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|---|------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) _____ c. (Last) <u>Glazer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-55</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>Approx 68</u> | 9. AGE (to years last birthday) Months Days Hours Min. <u>68</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia 6</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Mendal Glazer</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Klein</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Glazer</u> | ADDRESS <u>3329 Indiana</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anasarca, generalized</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Heart Failure</u> <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Arterio-sclerosis</u> | | <u>4 months</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Yrs.</u> <u>4200</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 <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 4-8, 1955 to 5-10, 1955, that I last saw the deceased alive on 5-10, 1955, and that death occurred at 6:30 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) D | 23b. ADDRESS <u>Gen. P. 419 P. 63rd</u> | 23c. DATE SIGNED <u>5-10-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-11-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |

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| DATE REC'D BY LOCAL REG <u>5-11-55</u> | REGISTRAR'S SIGNATURE <u>Reva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> | ADDRESS <u>K.C.Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Kery Buffington*
Licensed Embalmer No. 270

P. O. Address..... *N.C. 7*

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.