

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18622

State File No. ....

FILED JUN 16 1955

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2320</u>			
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 town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>37 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>Menorah</u>				STREET ADDRESS (If rural, give location) <u>4505 Cambridge Ct. 0</u>					
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			a. (First)		b. (Middle) <u>Durbin</u>		c. (Last)		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>5-27-55</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>9-8-17</u>		9. AGE (In years last birthday) <u>37</u>	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Philip Spector</u>			13b. MOTHER'S MAIDEN NAME <u>Fannich WEISSBAN</u>			14. NAME OF HUSBAND OR WIFE <u>Louis R. DURBIN</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis R. Durbin</u>		ADDRESS <u>Home</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke + Menorrhage</u>  ANTECEDENT CAUSES <u>Fractured ribs ruptured spleen + kidneys</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>fractured ribs ruptured spleen + kidneys</u> DUE TO <u>fractured ribs ruptured spleen + kidneys</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>902 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident at apartment</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, store, bldg., etc.) <u>apartment</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City</u> (COUNTY) <u>Jackson</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 27 55</u>			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumped or fell out of window</u>					
22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Pratts Bldg.</u>		23c. DATE SIGNED <u>5-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-30-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>			ADDRESS <u>K.C. Mo.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

*willis b. ...*

---

---

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..... *A. L. Louis* .....

Licensed Embalmer No. *311D*

P. O. Address *K. C. M.*

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.