

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18788

2275

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>43 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 Hosp.</u>				STREET ADDRESS (If rural, give location) <u>6816 Rockhill Rd. 3rd</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) _____ c. (Last) <u>Levinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-55</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-15-97</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____		
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>Poland 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Hyman Denowitz</u>			13b. MOTHER'S MAIDEN NAME <u>Leah (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benjamin Levinson</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>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</u> DUE TO (c) <u>Myocardial Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4434</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min) _____		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 <u>1-2</u> <u>1952</u> , to <u>5-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-25-55</u> , 19 <u>55</u> , and that death occurred at <u>11:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jack C. Vincent</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>701 E 63 KC Mo</u>		23c. DATE SIGNED <u>5-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-55</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>5-26-55</u>		REGISTRAR'S SIGNATURE <u>neva mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>		ADDRESS <u>K.C. Mo.</u>			

(Licensed Embalmers' 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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Guy Suffington

Licensed Embalmer No. 275

P. O. Address N.C. 7M

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.