

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13509**
Registrar's No. **1453**

FILED APR 18 1956

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN KANSAS CITY	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 MENORAH MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 426 W. 69th	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR	b. (Middle) J.	c. (Last) STERN	4. DATE OF DEATH (Month) (Day) (Year) 4 1 56
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-9-1888
9. AGE (In years last birthday) 67 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Moses Stern	13b. MOTHER'S MAIDEN NAME Rebecca Oppenheimer	14. NAME OF HUSBAND OR WIFE Muriel K. Stern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 495-03-7132	17. INFORMANT'S SIGNATURE OR NAME Mrs. Muriel K. Stern, 426 W. 69, K. C. Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse CARCINOMATOSIS		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) ADENOCARCINOMA of Colon		3 mo
	DUE TO (c) Cerebral Atrophy with VENTRICULAR dilatation		153 X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD MYOCARDIAL infarction		few months

19a. DATE OF OPERATION March 12, 1956	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid with metastasis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 MARCH 8, 1956, to APRIL 1, 1956, that I last saw the deceased alive on April 1, 1956, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Leo H. Pollock, M.D. (Degree or title) 0	23b. ADDRESS 1310 Bryant Bldg	23c. DATE SIGNED April 2, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/3/56	24c. NAME OF CEMETERY OR CREMATORY Rose Hill
DATE REC'D BY LOCAL REG. 4-3-56		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Leo H. Pollock

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..... *J. T. Crowell*

Licensed Embalmer No. *496*

P. O. Address *21 E 2*

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.