241

S. No. 300
v. 10.48

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

FILED JUL 18 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

23572

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002 Registrar's No. 2760

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 3301 Paseo

3528 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Allais

**4. DATE OF DEATH** (Month) (Day) (Year): 6-21-56

**5. SEX**: F 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 2
**8. DATE OF BIRTH**: Approx 59
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Clerk - Rothschilds Dept. Store
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): London, England
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Boris Joseph Muldmut
**13b. MOTHER'S MAIDEN NAME**: Miriam Cecil
**14. NAME OF HUSBAND OR WIFE**: sent
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Sophia Kleiman
**ADDRESS**: 1707 E 36

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple Congenital Intracranial Berry Aneurysms — 54 yrs.
DUE TO (c) — 330X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Essential Hypertension

**19a. DATE OF OPERATION**: 6-8-56
**19b. MAJOR FINDINGS OF OPERATION**: Aneurysms Right Int Carotid + Left middle Cerebral Artery
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-5, 1956, *to* 6-24, 1956, *that I last saw the deceased alive on* 6-24, 1956, *and that death occurred at* 6 15 pm., *from the causes and on the date stated above.*

**23a. SIGNATURE**: E. C. Welford — (Degree or title): M.D.
**23b. ADDRESS**: 330 West 47th St. Kansas City Mo.
**23c. DATE SIGNED**: 6-24-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-24-56
**24c. NAME OF CEMETERY OR CREMATORY**: Sheffield
**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

**DATE REC'D BY LOCAL REG.**: 6-24-56
**REGISTRAR'S SIGNATURE**: Neva Marshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: Louis Fun'l Home
**ADDRESS**: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy Buffington.....

Licensed Embalmer No. 275

P. O. Address K.C. 74

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.