

STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

30699

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3055

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> <u>4</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u> <u>3948</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7801 Holmes Jewish Home</u>		d. STREET ADDRESS <u>7801 HOLMES</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>RACHEL</u> Last <u>Fogel</u>		4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>56</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 1873</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Month <u>X</u> Day _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>RUSSIA</u> <u>6</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. FATHER'S NAME <u>JOSEPH FISHMAN</u>	
14. MOTHER'S MAIDEN NAME <u>ELIA (UNKNOW)</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 <u>MIINNIE VERBIN</u> <u>2822 Adams St ST JOSEPH, MISSOURI</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Arterio-sclerosis</u> <u>11500 F</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 Mon</u> <u>4F</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Fracture both hips</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1-10-55</u> to <u>9-8-56</u> and last saw her/him alive on <u>9-8-56</u> Death occurred at <u>8:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. Marcus Helier</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>409 E. 63rd</u>	
22c. DATE SIGNED <u>9-8-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		23b. DATE <u>SEPT. 8-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SHARE SHOLEM</u>		23d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>MEIERHOFFER-FLENNAN</u> ADDRESS <u>ST. JOSEPH, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-8-56</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Walter Newkoffer Jr.

Licensed Embalmer No. *495*

P. O. Address *St. Joseph*

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