

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31848
STATE FILE NUMBER
4114

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4114

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE Missouri b. COUNTY Jackson)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS (If outside, give location) 3028 Garfield	
Length of stay in lb 16 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sam Fishman			4. DATE OF DEATH Month Day Year 9 2 57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-84
9. AGE (In years last birthday) 72		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired insur. agt.		10b. KIND OF BUSINESS OR INDUSTRY insurance	11. BIRTHPLACE (City and state or country) Bessarabia, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Moses Fishman	
13b. MOTHER'S MAIDEN NAME Eva (unknown)		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-20-2829	
17. INFORMANT Mrs. Bearnet Luben		Address 309 E. 66th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 checked="" 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 9-2-57 to 9-2-57 and last saw her alive on 9-2-57 Death occurred at 9-2-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack C. Vincent, M.D.		22b. ADDRESS 701 E 63 KC Mo.	
22c. DATE SIGNED 9-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-4-57	23c. NAME OF CEMETERY OR CREMATORY Sheffield
23d. LOCATION (City, town, or county) Kansas City		(State) Mo.	
24. FUNERAL DIRECTOR J.P. Louis Funeral Home		ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 9-3-57
26. REGISTRAR'S SIGNATURE neva minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2017 3
1987

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 *Henry Buffington*

Licensed Embalmer No. *27576*

P. O. Address *N.C. No.*

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.