

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35728
STATE FILE NUMBER
4843

FILED NOV 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-57

| | | | | | |
|---|----------------------------------|--|--|--|---|
| 1. CAUSE 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> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</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>Menorah Medical Center</u> | | Length of stay in lb <u>2 yrs.</u> | d. STREET ADDRESS <u>3413 Coleman Rd.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Merilyn A Cina</u> | | | 4. DATE OF DEATH Month Day Year <u>October 19 1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>January 5, 1925</u> | 9. AGE (In years last birthday) <u>32</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Cleveland Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>(unknown) Sanders</u> | | 13b. MOTHER'S MAIDEN NAME <u>Evelyn Clark</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louis Cina</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT Address <u>Louis Cina 3413 W. Coleman Rd, KC. Mo.</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 and congestion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hepatic insufficiency.</u> | | | | | 5810 |
| DUE TO (c) <u>Fatty change and cirrhosis, liver.</u> | | | | | |
| 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 checked="" type="checkbox"/> NO <input 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 <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>10-14-57</u> to <u>10-19-57</u> and last saw her alive on <u>10-19-57</u> Death occurred at <u>10:55 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>David Waxman</u> (Degree or title) | | | 22b. ADDRESS <u>4840 Prospect</u> | | 22c. DATE SIGNED <u>10-20-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>10-20-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Brecksville</u> | | 23d. LOCATION (City, town, or county) (State) <u>Brecksville Ohio</u> | |
| 24. FUNERAL DIRECTOR <u>D W Newcome</u> ADDRESS <u>1831 Bush</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-20-57</u> | 26. REGISTRAR'S SIGNATURE <u>new minshall</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KC Mo*

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.