Health, & Welfare Public Service

S. 300 1-57

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36372
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 511

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp. — Length of stay in 1b 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE New York b. COUNTY
c. CITY OR TOWN New York (Bronx) — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 3235 Grand Concourse (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Harry Middle: Last: SAPOLSKY

4. DATE OF DEATH Month: October Day: 22 Year: 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 10 1895

9. AGE (In years last birthday) 62 — 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) Salid MAN.

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Russia

12. CITIZEN OF WHAT COUNTRY? Unknown

13a. FATHER'S NAME Phillip Sapolsky

13b. MOTHER'S MAIDEN NAME Dora Yeller

14. NAME OF HUSBAND OR WIFE None

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.

17. INFORMANT Evelyn Feldman Address 3235 Grand Concourse New York, N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acutemedullary failure	immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	lobar pneumonia	4 days
DUE TO (c)	Asiatic influenza	8 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 480X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10-18-57 to 10-22-57 and last saw him alive on 10-22-57
Death occurred at 6:10 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J E Kilbane (Degree or title) M.D.

22b. ADDRESS 521 W. 4th St. Joplin

22c. DATE SIGNED 10/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE Oct 22, 1957

23c. NAME OF CEMETERY OR CREMATORY Weil & Son Mortuary

23d. LOCATION (City, town, or county) (State) New York New York

24. FUNERAL DIRECTOR Thornhill-Dillon Mort. ADDRESS Joplin Mo

25. DATE RECD. BY LOCAL REG. 10-28-1957

26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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County File Number

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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 ..... Signed David Willow

Signature of Student Embalmer

Licensed Embalmer No. 3598

P. O. Address Joplin 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.