

FILED DEC 11 1957

STANDARD CERTIFICATE OF DEATH

40514
STATE FILE NUMBER 5561

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits 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			Length of stay in lb 45 yrs.		d. STREET ADDRESS 7318 Mercier		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Pearl Middle Last Moskowitz				4. DATE OF DEATH Month Nov. Day 24 Year 1957									
5. SEX Female		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 Sept. ---, 1892		9. AGE (In years of birthday) 75		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) housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Russia U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME David ---				13b. MOTHER'S MAIDEN NAME Esther ---				14. NAME OF HUSBAND OR WIFE Joseph Moskowitz (dec.)					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Kans Mrs. Marvin Rosenberg Leavenworth							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary failure										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensation.													
DUE TO (c) Senility & general debility										4343			
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 <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 Jan 1955 to Nov-24, 1957 and last saw her alive on Nov 23, 1957 Death occurred at Menorah Medical Center , the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE D. M. Shapiro (Degree or title) M.D.						22b. ADDRESS 701. E. 8 -			22c. DATE SIGNED 11/24/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/25/57		23c. NAME OF CEMETERY OR CREMATORY Mount Carmel				23d. LOCATION (City, town, or county) (State) Kansas City Missouri					
24. FUNERAL DIRECTOR J.P. LOUIS FUNERAL HOME K.C.Mo.						25. DATE RECD. BY LOCAL REG. 11-24-57		26. REGISTRAR'S SIGNATURE Neva Minshall					

(Licensed Embellisher'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.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE L. N. Shapiro



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 Ruby Buffington
Licensed Embalmer No. 2756
P. O. Address

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.