

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025466
State File No.

3183
Registrar's No.

FILED JUL 17 1958

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Home For Aged | | d. STREET ADDRESS (If rural, give location) 1615 Bell | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) W. c. (Last) FELTENSTIEN | | 4. DATE OF DEATH (Month) (Day) (Year) June 27, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH unknown |
| 9. AGE (In years last birthday) 89 | | 10. KIND OF BUSINESS OR INDUSTRY Physician | 11. BIRTHPLACE (City and State or Foreign Country) New York |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |

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| 13a. FATHER'S NAME Iser Feltenstien | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Nancy Feltenstien |
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ike H. Kalis Kansas City, Mo. |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Y YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 21, 1958, to June 27, 1958, that I last saw the deceased alive on June 27, 1958, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

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|---|--|------------------------------------|
| 23a. SIGNATURE Jack W. Wolf M.D. (Degree or title) | 23b. ADDRESS 409 E. 63 St. Kansas City, Mo. | 23c. DATE SIGNED 6/27/58 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 6-28-58 | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) St. Joseph, Missouri | | (State) |

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| DATE REC'D BY LOCAL REG 6-28-58 | REGISTRAR'S SIGNATURE James Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greenman K.E. Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
JACK W. WOLF

SEP 18 1958



U.S. MAY 18 1959

MAR 11 1959

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
Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.