Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1958

58-025763
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3475

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home for Jewish Aged — Length of stay in 1b: 54 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6441 Valley Road — Reside on Farm: Yes ☐ No ☒

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

4. DATE OF DEATH: Month 7 Day 15 Year 58

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ **8. DATE OF BIRTH**: Nov 25 1879 **9. AGE** (In years last birthday): 78 — 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): President **10b. KIND OF BUSINESS OR INDUSTRY**: Union Clothing Co. **11. BIRTHPLACE** (City and state or country): Rochester N. Y. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Jacob Rothschild **13b. MOTHER'S MAIDEN NAME**: Rachel — **14. NAME OF HUSBAND OR WIFE**: Florence

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.**: 487-01-1197 **17. INFORMANT**: Jack Rothschild Address: 1224 W. 67th St.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis — 4 yrs
DUE TO (c): Hypertension Ess. — 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Arterio-sclerosis 4201
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 1946, to 7-15-58 and last saw him alive on 7-14-58
Death occurred at 1:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. Marcus Heller, M. D. **22b. ADDRESS**: 409 E. 63rd **22c. DATE SIGNED**: 7-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 7/16/58 **23c. NAME OF CEMETERY OR CREMATORY**: Rose Hill **23d. LOCATION** (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: J. P. Louis **ADDRESS**: 3400 Woodland K.C. Mo. **25. DATE RECD. BY LOCAL REG.**: 7-16-58 **26. REGISTRAR'S SIGNATURE**: Neva Meinshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

B. Marcus Heller

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 Guy Buffington

Licensed Embalmer No. 2756

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.