

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033199

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 146 Primary Registration District No. 5-5-68 Registrar's No. 381

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE COUNTY Kansas Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blaine Township		c. CITY OR TOWN Mission 81508	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps 40 H-Way Road		d. STREET ADDRESS (If outside, give location) 5800 Reinhardt	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph Spitcaufsky		4. DATE OF DEATH Month Day Year Sept, 6 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1912
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	11. BIRTHPLACE (City and state or country) Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hyman Spitcaufsky	13b. MOTHER'S MAIDEN NAME Bertha
14. NAME OF HUSBAND OR WIFE Jean Spitcaufsky		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 Melvin Spitcaufsky 611 East 69th		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 Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 0		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 6627 Prospect Ave		20g. COUNTY STATE MO.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. Louis		22b. ADDRESS 6627 Prospect Ave	
22c. DATE SIGNED 9-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1958		23c. NAME OF CEMETERY OR CREMATORY Sheffield	
23d. LOCATION (City, town, or county) (State) Kansas City MO.		24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home K.C. MO.	
25. DATE RECD. BY LOCAL REG. 9-7-58		26. REGISTRAR'S SIGNATURE James S. Lewis	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1958

OCT 16 1958

OCT 23 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
Signature of Student Embalmer

Signed *Guy B. Buffington*

Licensed Embalmer No. *2756*

P. O. Address *S. C. 116*

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.