

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005849

STATE FILE NUMBER

526

REGU FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		Length of stay in lb <u>37 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>7801 Holmes</u>
3. NAME OF DECEASED (Type or print) First <u>Abraham</u> Middle Last <u>Romandel</u>		4. DATE OF DEATH Month <u>January</u> Day <u>25</u> , Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15, 1882</u>
9. AGE (In years last birthday) <u>76</u>		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) <u>Shoemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (City and state or country) <u>Poland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Solomon Romandel</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Freidel Romandel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-36-7933</u>	17. INFORMANT Address <u>Mrs. Bernard Valin 3531 Paseo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recent pulmonary infarct; multiple</u> DUE TO (b) <u>recent pulmonary emboli, right lung</u> DUE TO (c) <u>prostatic enlargement</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatic surgery 48 hrs prior</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
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 WORK <input type="checkbox"/> NOT WHILE 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 <u>1/20/59</u> to <u>1/25/59</u> and last saw her alive on <u>1-25-59</u> . Death occurred at <u>12/25/59 12:00 PM</u> at the place stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. W. Leifer MD</u>		22b. ADDRESS <u>701 E 63 St. Mo</u>	
22c. DATE SIGNED <u>1-26-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 27 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>J. P. Louts Funeral Home K.C. Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>1-27-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300
1-57

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

W. W. Leifer

MEDICAL CERTIFICATION

1002

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.