

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005860

STATE FILE NUMBER

434

FILED FEB 17 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

300
-57

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 69 yrs	d. STREET ADDRESS (If outside, give location) 5000 Oak, Apt. 823 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harry Middle Sandler Last Sandler			4. DATE OF DEATH Month 1 Day 20 Year 1959
5. SEX Male	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 APPROX. 75
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and state or country) Lithuania
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commerce Coal Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Philip Sandler		13b. MOTHER'S MAIDEN NAME Fanny Smoltnsky	
14. NAME OF HUSBAND OR WIFE Dora Sandler, Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO	
16. SOCIAL SECURITY NO. 489-16-9418		17. INFORMANT Brother Address 5000 Oak K.C.Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Infarction as a result of Chronic Edema & Congestion DUE TO (b) Atherosclerotic Coronary Artery Disease DUE TO (c) Cardiac Hypertrophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (a) Cardiac Hypertrophy			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8, 1959 to Jan. 20, 1959 and last saw him alive on Jan 20, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Passman M.D. (Degree or title) D		22b. ADDRESS 701 E 63	
22c. DATE SIGNED 1/21/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 22 1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		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. 1-23-59	
26. REGISTRAR'S SIGNATURE neva munsell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H. Passman

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 *Gregory B. Buffington*
Licensed Embalmer No. *3756*
P. O. Address *N.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.