

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

79-181843  
STATE FILE NUMBER  
2373

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2373

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Length of stay in lb 42 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) 3533 Paseo Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First REBECCA Middle Last ZUSMAN  
4. DATE OF DEATH Month MAY Day 11 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH July 4 1883 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY Home  
11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Handler 13b. MOTHER'S MAIDEN NAME Sarah Belzer 14. NAME OF HUSBAND OR WIFE Nathah Zusman

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 Mrs. Louis Kahn 4932 Walnut 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) Cardiac decompensation  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 2 mo  
2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis 4200  
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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 1948 to May 10, 1959 and last saw her alive on May 10, 1959  
Death occurred at 4:03 a.m. on the 11th date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. S. Hoffman M.D. 22b. ADDRESS 751 F 63 rd St. K.C. Mo 22c. DATE SIGNED 5-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 12 1959 23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home. K.C., Mo. 25. DATE RECD. BY LOCAL REG. 5-12-59 26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. S. Hoffman

MEDICAL CERTIFICATION

300  
-57

FILED JUN 9 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 ..... *Grey 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.