

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036315

FILED VS NOV 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5150 STATE FILE NUMBER

ENDED

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| 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 | | Length of stay in 1b 65 years | 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 General Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2401 Monroe | |
| 3. NAME OF DECEASED (Type or print) First Victor Middle L Last Newham | | | 4. DATE OF DEATH Month 10 Day 25 Year 59 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-23-1894 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auditor | | 10b. KIND OF BUSINESS OR INDUSTRY Rubber Company | | 11. BIRTHPLACE (City and state or country) Kansas City Mo | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Victor M. Newham | | 13b. MOTHER'S MAIDEN NAME Agustia Gitskey | |
| 14. NAME OF HUSBAND OR WIFE None | | 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 Mrs Judy McClanahan | | Address 6701 Raytown Rd Raytown Mo. | | INTERVAL BETWEEN ONSET AND DEATH | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | |
| IMMEDIATE CAUSE (a) Myocardial infarction | | | | | |
| DUE TO (b) arterio sclerotic coronary Thrombosis | | | | | |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 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 _____ Month, Day, Year _____ 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 10-19-1959 to 10-25-1959 and last saw him alive on 10-25-1959 | | Death occurred at 11:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Abraham Gelperin M.D. | | | 22b. ADDRESS 2400 Cherry K.C. Mo. | | 22c. DATE SIGNED 10-26-1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Oct 27, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Kansas City Mo | | 24. FUNERAL DIRECTOR Wilbert Funeral Home - 2315 Linwood | | 25. DATE RECD. BY LOCAL REG. 10-26-59 | |
| 26. REGISTRAR'S SIGNATURE New Marshall | | | | | |

DOCUMENT

BY AFFIDAVIT OF Abraham Gelperin, M.D. MEDICAL CERTIFICATION

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 Chas E. Weeks

Licensed Embalmer No. 2644

P. O. Address 19 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.