

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029174

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4072 STATE FILE NUMBER

FILED AUG 31 1961

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 54 Yrs.  
 c. FULL NAME OF (if not in hospital, give location) HOSPITAL OR INSTITUTION 100 E. 38th Home Colonial Nursing Inside Limits Yes  No

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) 3822 Walnut Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Pauline Cohen

4. DATE OF DEATH Month Day Year  
August 16, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/12/66 9. AGE (last birthday) 94  
 IF UNDER 1 YEAR Months Days Hours Min.  
 IF UNDER 24 HR

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) Latvia 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Liopa Jankelsohn 13b. MOTHER'S MAIDEN NAME Hannah Pessah 14. NAME OF HUSBAND OR WIFE Sam Cohen

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. - 17. INFORMANT Prattie Village, Wolfe Cohen, 3517 W. 74th, Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Coronary  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 April 1961 to Aug 16-61 and last saw her alive on Aug 8, 1961  
 Death occurred at 7:30 AM on the 16 date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Don A. Black M.D. 22b. ADDRESS 9240 Col. 131d, K.C. 6, Mo. 22c. DATE SIGNED 8/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/17/1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Sheffield 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. 8-16-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED 8-17-61  
 INSTEAD OF Sheffield Cemetery  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Funeral Director Don A. Black  
 ITEM NO. SHOULD READ 23c Mt. Carmel Cemetery

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 Levy 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.