

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044587

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6598

STATE FILE NUMBER

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>FILED JAN 15 1962</b>   |   | <b>1. PLACE OF DEATH</b>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY <u>Jackson</u>   |   | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>  |   | a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>  |  |
| Length of stay in lb <u>2 Yrs.</u>   |   | c. CITY OR TOWN <u>Prairie Village</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location) <u>3310 Tomahawk</u>                           |  |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | <b>3. NAME OF DECEASED</b> First Middle Last<br><u>Louis Cohen</u>  |   | <b>4. DATE OF DEATH</b> Month Day Year<br><u>12 29 61</u>                                    |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/23/02</u>                                 | 9. AGE (last birthday) <u>59</u>   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>  |   | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>                           |  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>Barnett Cohen</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Hulda</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Bella K. Cohen</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 17. INFORMANT Address <u>P. V. Kansas</u><br><u>Bella K. Cohen, 3310 Tomahawk</u>            |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>DUE TO (b) <u>Coronary atherosclerosis and occlusion</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hrs.</u><br><u>3 hrs.</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Generalized arteriosclerosis, Diabetes mellitus</u>  |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<br>a.m. p.m.   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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>7:35 AM 12/29/61</u> to <u>7:35 AM 12/29/61</u> and last saw him alive on <u>12/29/61</u> .<br>Death occurred at <u>7:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Alexander Shifrin M.D.</u>  |   |   | 22b. ADDRESS<br><u>701 East 63rd, K.C. 10, Mo.</u>              |  | 22c. DATE SIGNED<br><u>12/29/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 23b. DATE<br><u>12/31/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Rose Hill Cemetery</u> |  | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>J.P. Louts Funeral Home, K.C., Mo.</u>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-2-62</u>                   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Alexander Shifrin MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

**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 \_\_\_\_\_

*Leroy 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.