

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018830

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 66

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |
|---|---|
| FILED APR 19 1963   |   |
| 1. PLACE OF DEATH   |   |
| a. COUNTY<br><b>Vernon</b>  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>Nevada</b>  | a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>State Hospital No. 3</b>  | c. CITY OR TOWN<br><b>Kansas City</b>   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4028 Olive St.,</b>                                   |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)   |   |
| First<br><b>Ida</b>   | Middle<br><b>--</b>   |
| Last<br><b>Goldstein</b>  | 4. DATE OF DEATH  |
| Month<br><b>4</b>   |   |
| Day<br><b>14</b>  |   |
| Year<br><b>1963</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>3-10-1895</b>  |
| 9. AGE (last birthday)<br><b>68</b>   |   |
| IF UNDER 1 YEAR<br>Months<br>Days<br>Hours<br>Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Russia</b>   |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Sam Goldstein</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>  |   |
| 17. INFORMANT<br><b>State Hospital No. 3, Hospital Records - Nevada, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:   |   |
| IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>   |   |
| DUE TO (b) <b>Generalized Arteriosclerosis</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)<br><b>Alzheimers Disease (years)</b>                                      |   |
| 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?<br>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.)<br><b>None</b>   |   |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.   | Month, Day, Year  |
| 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<br><b>Kansas City, Missouri</b>  |   |
| 21. I interviewed the Body _____ to _____ and last saw him alive on <b>4-14-63</b><br>Death occurred at <b>3:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |
| 22a. SIGNATURE (Degree or title)<br><b>Gilbert Livingston, M.D.</b>   | 22b. ADDRESS<br><b>State Hosp. - Nevada</b>   |
| 22c. DATE SIGNED<br><b>4-14-63</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4/16/1963</b>   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sheffield Cemetery</b>   |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>J.P. Louts Funeral Home, K.C., Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>4-16-1963</b>  |
| 26. REGISTRAR'S SIGNATURE<br><b>Anna E. Jerry</b>   |   |

MAY 14 1963

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**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 Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address 9648 Roe Ave  
Shawnee Mission, Kans.

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.