

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032447

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4397

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
235582

3

4 0

5 2

6

7 2

8 2

9420.1

10

11

12 86-0

13

DATE AMENDED

10-22-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

August 15, 1975

87

DOCUMENT

Verified by Nat'l Vital Statistics
dated 1937

MEDICAL CERTIFICATION

BY AFFIDAVIT OF INFORMATION
Adrian J. Brown

ITEM NO. SHOULD READ

Aug 20 - 1978

84

USE BLACK INK OR TYPEWRITER RIBBON

PLACED DEAD a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in: lb <u>52 Yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walnut Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3816 Olive</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel Slotnick</u>			4. DATE OF DEATH Month Day Year <u>August 5, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/15/45</u>
9. AGE (last birthday) <u>87 84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	11. BIRTHPLACE (City and state or country) <u>Russia</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Beryl Slotnick</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>Sophie Slotnick</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>	
16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT Address <u>Doris Slotnick 3816 Olive K.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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
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.
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 a.m. p.m. Month, Day, Year		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.) <u>Jan 1953 2015</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 8, 1953</u> to <u>Aug 5, 1963</u> and last saw him alive on <u>Aug 5, 1963</u> Death occurred at <u>8:00 p.m.</u> of the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Adrian J. Brown M.D.</u>	
22b. ADDRESS <u>4526 Pease Kc Mo</u>		22c. DATE SIGNED <u>8-5-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/7/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Louis Memorial Chapel, K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

22

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 Dwight Beffington

Licensed Embalmer No. 2756

P. O. Address Kemo

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.