

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17161
Registrar's No. 17161

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Washington) c. LENGTH OF STAY (In this place) Twins		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3848	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1235nWest 58th St. 1	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Cole c. (Last) Longan			4. DATE OF DEATH (Month) (Day) (Year) May, 12, 1951			
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 9, 1932	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben C. W. Hyde		13b. MOTHER'S MAIDEN NAME Georgette Longan		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-34-7442		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Terrence O'brien Kansas City	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Shock hemorrhage & laceration from injury F rupture		INTERVAL BETWEEN ONSET AND DEATH 825 3/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Died immediately after a motor car collision on m m 40-highway.		
	DUE TO (c) Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Car operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Motor car collision	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) m 40 highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Odesa Lafayette Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May-12-1951 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Motor car collision
22. I hereby certify that I attended the deceased from after death to 5-12-51 , that I last saw the deceased alive on _____, 19____, and that death occurred at 4A m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) W. W. Martin M.D. Coroner 3	23b. ADDRESS Odesa Mo	23c. DATE SIGNED 5-12-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE May 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-12-51	REGISTRAR'S SIGNATURE Emma Davidson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman-Sparks Odesa, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540
3

RECEIVED 5-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-19-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *William T. Sparks*

Signed.....
Student Embalmer

Licensed Embalmer No. #4431

P. O. Address *Odena, 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 this body is not embalmed, fact should be so stated above.