FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23127

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No. 3181

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 10½ HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
d. STREET ADDRESS (If rural, give location): 208 E. OHIO

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): JEAN
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): JULY 25 1951

5. SEX: F.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 28, 1936
9. AGE (In years last birthday): 15
IF UNDER 1 YEAR: Months: 0 Days: 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): CLINTON MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JAMES L. LONG
13b. MOTHER'S MAIDEN NAME: NINA PICKARD
14. NAME OF HUSBAND OR WIFE: ✓
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Douglas Long
ADDRESS: Clinton, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Hepatitis (m.m.o) — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. 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:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard C. Schaefer M.D. (Pathologist)
23b. ADDRESS: St. Luke's Hospital K.C. Mo
23c. DATE SIGNED: 7-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: July 27, 51
24c. NAME OF CEMETERY OR CREMATORY: Clinton.
24d. LOCATION (City, town, or county) (State): Clinton, Mo

DATE REC'D BY LOCAL REG.: 7-25-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: T. L. Vansant
ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address 56 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.