

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31989

State File No. 379

FILED OCT 11 1952

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5368		Registrar's No. 379	
1. PLACE OF DEATH a. COUNTY Jackson Blue				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 township) Independence				c. CITY (If outside corporate limits, write RURAL and give township) Independence 0480			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Summit Rd. Rt. #4				d. STREET ADDRESS (If rural, give location) Lee Summit Rd. Rt. #4			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer		b. (Middle) E.		c. (Last) Long		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 4, 1874	
9. AGE (In years last birthday) 78		10. MONTHS 8		11. DAYS 23		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Minister, S. S.		11. BIRTHPLACE (City and State or Foreign Country) Wiltonville Ohio		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Lyman		13b. MOTHER'S MAIDEN NAME Esther Greer		14. NAME OF HUSBAND OR WIFE Laura Long dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elbert P. Buff			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis ANTECEDENT CAUSES Due to (b) Gravid arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 9, 1952, to Sept 25, 1952, that I last saw the deceased alive on Sept 25, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased's name) Ruth V. Andrews, D.O.				23b. ADDRESS Independence Mo.		23c. DATE SIGNED 9/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) (State) Independence Mo	
DATE REC'D BY LOCAL REG. 10-1-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Indep Mo			

(Revised Employer's Statement on Reverse Side)

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

1959

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

Wayne H. Hallenman

Licensed Embalmer No. *4627*

P. O. Address *200 So Grand Ind.*

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.