

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13337**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **510**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wathena	
c. LENGTH OF STAY (in this place) 3 days		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Louise c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 5, 1900		9. AGE (In years last birthday) 52		10. F UNDER 1 YEAR Months Days	
11. F UNDER 1 MIN. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Lafayette, Indiana			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Charles Himes		13b. MOTHER'S MAIDEN NAME Belle Keckler		14. NAME OF HUSBAND OR WIFE Melvin Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Melvin Long ADDRESS Wathena, Kansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asystole		DUE TO (b) Chronic Glomerulonephritis			6 mos.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertensive Heart Disease			10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease					2 yrs +
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 21, 1952**, to **April 28, 1953**, that I last saw the deceased alive on **April 27, 1952**, and that death occurred at **3:55 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frederick E. Totten, M.D. (Degree or title)		23b. ADDRESS Wathena, Kansas		23c. DATE SIGNED April 28, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-27-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
		24d. LOCATION (City, town, or county) (State) Troy, Kansas			

DATE REC'D BY LOCAL REG. May 6, 1953		REGISTRAR'S SIGNATURE Wathen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Charles M. Harman ADDRESS Harman Funeral Home-Wathena, Ka.	
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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
Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4407

P. O. Address Wathena, Kansas

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.