

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24957**
3565

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 5615 Swope Parkway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Simpson Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MATILDA c. (Last) LONGSHORE		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Aug. 22, 1866
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Daniel Schwanke		13b. MOTHER'S MAIDEN NAME Matilda Barger		14. NAME OF HUSBAND OR WIFE Henry L. Longshore	
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 K. C. Baird ADDRESS Mo. Mrs. Frank Baird 5615 Swope Park	

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) Coronary Thrombosis		II. OTHER SIGNIFICANT CONDITIONS		4201	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis			
		DUE TO (c) Gen Arteriosclerosis			
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 <input type="checkbox"/> NO <input 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)		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 **Apr 25, 1952**, to **July 19, 1953**, that I last saw the deceased alive on **July 16, 1953**, and that death occurred at **12:27 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Anna Baugh (Degree or title) M.D.		23b. ADDRESS 416 Argyle Bldg KC Mo		23c. DATE SIGNED 7-19-53	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 7/20/1953		24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	
				24d. LOCATION (City, town, or county) (State) Belton, Mo.	

DATE REC'D BY LOCAL REG. 7-19-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE K. GEORGE & SONS ADDRESS BELTON, MO.	
---	--	--	--	---	--

(Licensed Embalmers' Statements on Reverse Side)

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston, Ma.

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.