

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33099

State File No.

No. 300
10-48

FILED NOV 15 1954

BIRTH NO. 67641-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1156

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. LENGTH OF STAY (in this place) 22 hrs	c. CITY OR TOWN Severance
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. In Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Box 174			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WAYNE c. (Last) LONG			4. DATE OF DEATH (Month) (Day) (Year) OCT 25, 1954
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 24, 1954
9. AGE (In years last birthday) 22	# UNDER 1 YEAR Months 0 Days 0	# UNDER 1 HR. Hour 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Milo Long		13b. MOTHER'S MAIDEN NAME Virginia Jeschke	14. NAME OF HUSBAND OR WIFE none
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 Milo Long, Severance, Kansas
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH at birth	
ANTECEDENT CAUSES *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 (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) 7625
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 <u>birth</u>, 19<u>54</u>, to <u>death</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Oct 25, 1954</u>, and that death occurred at <u>6:10 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Amerson Spoder, M.D.</i>		23b. ADDRESS Denton, Kansas	23c. DATE SIGNED 10-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10-25-54	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Severance, Kansas			
DATE REC'D BY LOCAL REG. Nov 8, 1954		REGISTRAR'S SIGNATURE <i>4850</i> Lothar M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Vernon Tibbetts,
ADDRESS Troy, Kansas			

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.....
Signature of Student Embalmer

Signed *E. L. Karr*.....

Licensed Embalmer No. *353*.....

P. O. Address *Troy, N.Y.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.