

95488-54 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43300

State File No.

FILED JAN 28 1955

BIRTH NO. ... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6053

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **KANSAS** b. COUNTY **JOHNSON**

b. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY**

c. CITY OR TOWN **MISSION**

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) **Life**

f. STREET ADDRESS (If rural, give location) **8150 8
5925 - Granada**

3. NAME OF DECEASED
a. (First) **JOSEPH** b. (Middle) **N.M.N.** c. (Last) **LONG**

4. DATE OF DEATH (Month) (Day) (Year)
12 27 54

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**

8. DATE OF BIRTH **12-27-54**

9. AGE (in years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min. **9 23**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kansas city mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **JOHN DARRELL LONG**

13b. MOTHER'S MAIDEN NAME **MARGARET CLAIRE MEYER**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. M.C. Long (as) 5925 - Granada**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Premature Birth - 6 1/2 mos. gestation. Due to Pre-eclampsia - SEVERE**

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

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

76 1/2

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)

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 **12-27**, 19 **54** to **12-27**, 19 **54**, that I last saw the deceased alive on **12-27**, 19 **54**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph C. Williams** (Degree or title) **M.D.**

23b. ADDRESS **1512 Professional Bldg**

23c. DATE SIGNED **12/31/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **12-27-54 Retained**

24c. NAME OF CEMETERY OR CREMATORY **St. Luke's Hosp**

24d. LOCATION (City, town, or county) (State) **Kansas City, mo**

DATE REC'D BY LOCAL REG. **1-17-55** REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **HOSPITAL DISPOSAL**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.