

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12293

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u> Registrar's No. <u>65</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> Rural Prairie ✓ b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u> c. LENGTH OF STAY (in this place) <u>1 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>K.C. Mo</u> d. STREET ADDRESS (If rural, give location) <u>8618 E. 30th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Longbottom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 25 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Urich, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Chas. H. Schroder</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie M. Ridge</u>		14. NAME OF HUSBAND OR WIFE <u>Luther T. Longbottom</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth McFarland Kansas City, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>ARTERIO Sclerosis's</u> <u>Gangrene of leg</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>				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)		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>3-22</u> , 19 <u>55</u> , to <u>4-8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>55</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Rand Johnson M.D.</u>		23b. ADDRESS <u>Jackson County Hosp</u>		23c. DATE SIGNED <u>4-8-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-8-55</u>	REGISTRAR'S SIGNATURE <u>M.B. Longford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. USING PREVIOUS EDITIONS OF THIS FORM WILL 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
Student Embalmer

Signed.....

J. H. Gibson

Licensed Embalmer No. *4871*

P. O. Address *Indep, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.