

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33367**
4397

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				STREET ADDRESS (If rural, give location) 3614 Gillham Road 3518			
3. NAME OF DECEASED (Type or Print) DAVID		a. (First) DAVID		b. (Middle) E.		c. (Last) LONG	
4. DATE OF DEATH Oct. 12, 1955		4. DATE (Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 6, 1874		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge & Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert J. Long		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Burge		14. NAME OF HUSBAND OR WIFE Maude C. Long			
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 David H. Long ADDRESS Mo 7807 State Line, Kansas City			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelo-sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Small Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH Jan July 1954 2923 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>July 4, 1954</u> , to <u>10/12/55</u> , that I last saw the deceased alive on <u>10/12/55</u> , 19 <u>55</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE C. G. Letch (Degree or title), M.D.				23b. ADDRESS 1010 P. Highway, Kansas		23c. DATE SIGNED 10/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/55		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-13-55		REGISTRAR'S SIGNATURE Neve Minshel		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

*See back sheet
attached*

1130021

Vi 149

11 to 3:30 PM

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..... *J. H. Crowell*

Licensed Embalmer No. *49*
P. O. Address *H. C. M.*

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.