

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31237

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>ZAYFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ZAYFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lexington</u>)		c. LENGTH OF STAY (In this place) <u>11 1/2</u>		c. CITY OR TOWN <u>Lexington</u>		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 <u>How R.L.D.S. Church-</u>				STREET ADDRESS (If rural, give location) <u>1812 Bloom</u> <u>05420</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>		b. (Middle) <u>M.</u>		c. (Last) <u>LONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-16-1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN-13-1897</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tel. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FILLMORE N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S A</u>	
13a. FATHER'S NAME <u>WILSON KELLY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CHAMBERLAIN</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse C. Long. (Dee)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Clifford Long 1701 W. Walnut Independence, 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>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Myocarditis et Coronary sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 yrs</u> <u>5 yrs</u>	
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)			
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>July 1954</u> , 19 <u>54</u> , to <u>Sept. 16, 1956</u> , that I last saw the deceased alive on <u>June 29, 1954</u> , and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Mason</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Wahrensburg Mo.</u>		23c. DATE SIGNED <u>9-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas University Medical Center</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	
DATE RECD BY LOCAL REG. <u>9-22-56</u>		REGISTRAR'S SIGNATURE <u>M. E. Easton</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Harold L. Walker Lexington, Mo.</u>			

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

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APR 25 1956

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.....
David L. Walker

Licensed Embalmer No. *458*

P. O. Address *Lexington, Va*

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.