

FILED APR 25 1957

 DEPARTMENT OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1576

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		8150 8	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>				Length of stay in 1b <b>1 day</b>		d. STREET ADDRESS <b>2957 N. 78th</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>EDWIN</b> Middle <b>LONG</b> Last <b>LONG</b>						4. DATE OF DEATH <b>Apr. 3, 1957</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 18, 1887</b>		9. AGE (In years last birthday) <b>70 yrs.</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>repair service</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Service Co.</b>		11. BIRTHPLACE (City and state or country) <b>Boone Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>Scott Long</b>					14. MOTHER'S MAIDEN NAME <b>Virginia Watson</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>510-05-5446</b>		17. INFORMANT <b>Mrs. Gola Long, 2957 n. 78th.</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>General Arterio sclerosis</b>						DUE TO (c) <b>Bilateral adrenal hyperplasia</b>		42-01		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Repetured Gall Bladder with peritonitis</b>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <b>4-1-55</b> to <b>4-3-57</b> and last saw him alive on <b>4-3-57</b> ✓ Death occurred at <b>800A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>William Karl Graham D. O.</b> (Degree or title)						22b. ADDRESS <b>926 E. 11<sup>th</sup> St. K.C. Mo.</b>			22c. DATE SIGNED <b>4/3/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/5/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Memo. Gds.</b>			23d. LOCATION (City, town, or county) <b>Wyandotte Co. Ks.</b>			(State)		
24. FUNERAL DIRECTOR <b>Geo. F. Porter &amp; Sons K.C.Ks.</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>4-4-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>					

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 William Karl Graham D. O.

MEDICAL CERTIFICATION

049 - 3380

KP  
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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.....  
*Howard L. Porter*

Licensed Embalmer No.. 3751

P. O. Address 19th & Mir  
K. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.