

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005679
STATE FILE NUMBER

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 473

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital			Length of stay in lb 22 yrs		d. STREET ADDRESS (If outside, give location) 1824 Cypress		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROY Middle WESLEY Last LONG				4. DATE OF DEATH Month 1st Day 26th Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1-23-1896		9. AGE (In years last birthday) 61 yrs IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ IF UNDER 24 HRS.: _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and state or country) Troy, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Wesley Long			13b. MOTHER'S MAIDEN NAME Rachel Davis			14. NAME OF HUSBAND OR WIFE Mrs. CALISTA FERN HOCKABOUB			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			16. SOCIAL SECURITY NO. 491 10 3686		17. INFORMANT Address V.A. Hospital Records, K.C., Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma to the liver, advanced DUE TO (b) _____ DUE TO (c) Primary carcinoma of the lung, left lower lobe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 16 1/2		
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. <input checked="" type="checkbox"/> attended the deceased from November 7, 1957 to January 26, 1958 and <input checked="" type="checkbox"/> was present at death. Death occurred at 6:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert Flipped (Degree or title) - <i>Robert Flipped</i>				22b. ADDRESS MD V.A. Hospital, K.C., Mo.			22c. DATE SIGNED 1-26-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN-29-1958		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY			23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH KANSAS		
24. FUNERAL DIRECTOR DW NEWCOMERS SONS			ADDRESS 331 BAUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 1-29-58		26. REGISTRAR'S SIGNATURE <i>Therese Marshall</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 24 1958

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 CHESTER K BROWN

Licensed Embalmer No. 4931

P. O. Address KE mo

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.