THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8319-58

STATE FILE NUMBER 58-005680

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 917

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 1847 E. 7 (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Edna; Middle; Last Longpine

4. DATE OF DEATH: Month 2 Day 15 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 2-15-58

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James William Longpine

13b. MOTHER'S MAIDEN NAME Margaret Perkins

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT James Longpine Address 1847 E. 7th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fetals hypdrops cause undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Feb. 15, 1958, to Feb. 15, 1958 and last saw her alive on Feb. 15, 1958
Death occurred at 6:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns M.D. (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 2-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-21-58

23c. NAME OF CEMETERY OR CREMATORY Forest Hill

23d. LOCATION (City, town, or county) (State) K.C. Mo.

24. FUNERAL DIRECTOR B. E. Weilert ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 2-20-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only shaded areas. All diseases in Part I must be causally related.

B. I. Burns

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 B. E. Weilert

Licensed Embalmer No. 4075

P. O. Address K. C. 8 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.