

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018338

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2077

5. 300  
1-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP		Length of stay in lb 33 YEARS	d. STREET ADDRESS (If outside, give location) 4800 JEFFERSON ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DOLLY LONG			4. DATE OF DEATH Month Day Year APRIL 21, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 16, 1884		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done in words) HOUSEWIFE AT HOME		11. KIND OF BUSINESS OR INDUSTRY DOMESTIC		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME MARK Mc DOWELL		13b. MOTHER'S MAIDEN NAME MARTHA VANATTA		14. NAME OF HUSBAND OR WIFE MART LONG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. W. C. MOOREHEAD 5929 MONTGOMERY AVE. KANSAS CITY, 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) <u>Messing Surgical Remedy</u> DUE TO (b) <u>+ Fracture Hip</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ 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 1.9 mo U.S.
20a. ACCIDENT <input checked="" 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.) <u>Fell down stair flight steps</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>8:00 PM 4 21 58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel Bldg.</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson</u>		COUNTY <u>173</u> STATE <u>MO</u>			
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <u>5:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree as title) <u>W. C. Moorehead, M.D., Surgeon</u>			22b. ADDRESS <u>6677 Woodlark St</u>		22c. DATE SIGNED <u>4-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>Apr 22 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRETHREN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>South English, Iowa</u>
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS</u>		ADDRESS <u>1331 BIRNISH CREEK KANSAS CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>4-23-58</u>		26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Geo. C. Kealhofer

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.



198  
3-9187.

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 *Harold L. Eckert*

Licensed Embalmer No. *3035*

P. O. Address *Ala. Ga. Pa.*

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.