

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029163

STATE FILE NUMBER 3873

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give home) HOSPITAL OR INSTITUTION 1441 INDEPENDENCE Length of stay in lb 18 YRS		d. STREET ADDRESS (If outside, give location) 1441 INDEPENDENCE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle MAY Last LONG			4. DATE OF DEATH Month 8 Day 9 Year 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 5/31/1877
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSING	11. BIRTHPLACE (City and state or country) MASON CITY, IOWA
10a. FATHER'S NAME SCHUYLER C. HILL		10b. KIND OF BUSINESS OR INDUSTRY NURSING HOME	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. MOTHER'S MAIDEN NAME FLORA MAY GILSON		14. NAME OF HUSBAND OR WIFE IRVING C. LONG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT EDITH LONG Address 1441 INDEPENDENCE 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) Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH 7 1/2 6 1/2 4 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-1-58 to 8-9-58 and last saw her alive on 8-9-58 Death occurred on 7-15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Paul Laurenson M.D. (Degree or title)		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 8-9-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/12/1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILLS	23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON K.C., Mo		25. DATE RECD. BY LOCAL REG. 8-12-58	26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Frank Paul Laurenson M.D.



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 *Bert B. Bennett*

Licensed Embalmer No. *4656*....  
P. O. Address *I.C., 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.