

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036722

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 446

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 Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 700 S
c. FULL NAME OF THE DECEASED (If in hospital or institution) Sanitarium		Length of stay in lb 4 Hrs.	d. STREET ADDRESS (If outside, give location) 3506 S. Crysler
3. NAME OF DECEASED (Type or print) First Middle Last Mabel Beatrice (Maddux) Long		4. DATE OF DEATH Month Day Year October 18 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15-1892
9. AGE (In years at birth) 65		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and state or country) Jackson County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alfred Benton Maddux	
13b. MOTHER'S MAIDEN NAME Theresa Brown		14. NAME OF HUSBAND OR WIFE Roy K. Long	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no xx		16. SOCIAL SECURITY NO. 492-28-5845	17. INFORMANT Address Roy K. Long 3506 S. Crysler Mo. Indep.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 4-5 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pulmonary Edema			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) 4341			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 <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 17 Oct 58 to 18 Oct 58 and last saw her/him alive on 18 Oct 58 - Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Independence	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Gardens	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels K.C. Mo.		25. DATE RECD. BY LOCAL REG. 10-20-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

See reverse side for instructions. Do not use only standard nomenclature in item 16. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. E. L. Anderson
 off. - Ind 1-0388
 Res. - Ind 1-0240
 approved 10-18-58
 121 1/2 W. Lexington
 3839 S. Chrysler

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 3839 S. Chrysler

890 68 100

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 *P. J. Nofsinger*
 Licensed Embalmer No. 3938
 P. O. Address J. 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.