Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004596
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Josephs Hosp. — Length of stay in 1b: 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 904 N. 9th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HENRY Middle BISHOP Last LONG
4. DATE OF DEATH: Month Feb. Day 18 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept.19,1895
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. fireman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad company
11. BIRTHPLACE (City and state or country): Dearborn, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Milton Long
13b. MOTHER'S MAIDEN NAME: Dora Grable
14. NAME OF HUSBAND OR WIFE: Mary Alice
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.: 712-09-2037
17. INFORMANT: Mrs. Henry Long, Address: 904 N.9th, St.Joseph, Mo.

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) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC HEART FAILURE — 2 YRS.
DUE TO (c) ASHD — 20 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4300
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 5/3/58, to 2/18/59 and last saw him alive on 2/18/59
Death occurred at 1:30p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T. Rogers (Degree or title) M.D.
22b. ADDRESS 20 Kirkpatrick Bldg St Jos Mo
22c. DATE SIGNED 2/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/21/1959
23c. NAME OF CEMETERY OR CREMATORY: Old Frame Cemetery
23d. LOCATION (City, town, or county) (State): Buchanan County Mo.

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St.Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 24 1959
26. REGISTRAR'S SIGNATURE: Mrs Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. John T. Rogers
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS JAN 27 1960

MAR 9 1959

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 William Spaulding

Licensed Embalmer No. 4535

P. O. Address St Joseph 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.