

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006040

STATE FILE NUMBER

FILED MAR 5 1959

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 56

300
-57 0

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 RURAL PRAIRIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 312th
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON Co. Hosp.		Length of stay in lb 3 yrs.	d. STREET ADDRESS (If outside, give location) 318 1/2 E. 12th
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Della Middle Rebecca Last Long			4. DATE OF DEATH Month Feb. Day 19 Year 1959		
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 Jan. 26-1891		9. AGE (In years last birthday) 68
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10a. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Waterloo, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Jackson County Hospital Records, Address Indep. 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart disease			
DUE TO (c) Generalized Arterio Sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) 428th			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 5:30 Month 2 Day 19 Year 1959 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>					

20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Missouri STATE Missouri	
21. I attended the deceased from 1-2-59 to 2-19-59 and last saw him alive on 2-19-59 Death occurred at 5:30 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Phil Japer M.D. (Degree or title)			22b. ADDRESS Lee's Summit Mo		22c. DATE SIGNED 2-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Intombment		23b. DATE Feb. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abby		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit, Missouri		ADDRESS Langsford		25. DATE RECD. BY LOCAL REG. 2-23-1959	26. REGISTRAR'S SIGNATURE N.B. Langsford
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *W. C. Langford*

Licensed Embalmer No. *3833*
P. O. Address *Wis. Summ.*

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.