

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018064

State File No. _____

FILED JUN 9 1959

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u>		c. CITY OR TOWN <u>Kans City</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Pines Retirement Home</u>			
e. STREET ADDRESS (If rural, give location) <u>9548 Wagoning.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) <u>Long.</u> c. (Last) <u>Long.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-59</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	
8. DATE OF BIRTH <u>2-18-66</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 WKS: Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Walsall, England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Park</u>	
14. NAME OF HUSBAND OR WIFE <u>George E. Long</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank M. Breger</u>		ADDRESS <u>K.C. Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gastroenteritis</u>		<u>3 1/2 weeks</u>	
DUE TO (c) <u>Hypertensive Cardio-vascular Dis</u>				<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1956, to May 31, 1959, that I last saw the deceased alive on May 31, 1959, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. D. Eselman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>9306 E New 40 Highway</u>		23c. DATE SIGNED <u>June 1, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-2-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's Sons</u>		ADDRESS <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-2-59</u>		REGISTRAR'S SIGNATURE <u>James S. Long</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert E. Kerson*.....

Licensed Embalmer No. *484*.....

P. O. Address *N.C. Ka*.....

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.