RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029173

FILED VS AUG 21 1959 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3807 STATE FILE NUMBER

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 — Length of stay in 1b ~~2 yrs.~~ 54yrs.	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINDMAN MCCARTY NURSING HOME 3621 WARWICK — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 5347 GARFIELD — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Gertrude	Middle:	Last: Long	4. DATE OF DEATH Month: AUG Day: 5, Year: 1959
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 8 13 74
9. AGE (last birthday): 84 YRS.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: 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:	11. BIRTHPLACE (City and state or country): KENTUCKY	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: MACK DAVIS	13b. MOTHER'S MAIDEN NAME: UNKNOWN	14. NAME OF HUSBAND OR WIFE: EDWARD W. LONG	
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.: NONE	17. INFORMANT: EDWARD W. LONG Address: ~~5346~~ 5347 GARFIELD K. C. MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hem. (R-hemiplegia)	3 days
DUE TO (c)	Arterio Sclerosis Gen.	6 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 July 1957, to 5 Aug 1959 and last saw her ~~him~~ alive on 4 Aug 1959

Death occurred at 4:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F H Wakefield M.D	22b. ADDRESS: 1102 Grand K. C. 6 Mo.	22c. DATE SIGNED: 8-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: AUG 7, 1959	23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.		
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.	25. DATE RECD. BY LOCAL REG.: 8-6-59	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF F. H. Wakefield

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

X or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold L. Echter

Licensed Embalmer No. 3035

P. O. Address H. C. N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.