

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14945

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 586

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (In this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Meth. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 6306 Brown St. 01170

3. NAME OF DECEASED (Type or Print)
a. (First) ABE b. (Middle) _____ c. (Last) DELONG
4. DATE OF DEATH (Month) (Day) (Year) 6 1 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-20-1879 9. AGE (In years last birthday) 74 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Park Dept. City
11. BIRTHPLACE (City and State or Foreign Country) Polk Co., Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James DeLong 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Birdie DeLong

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. None
17. INFORMANT'S SIGNATURE OR NAME Birdie DeLong ADDRESS 6306 Brown St., City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Failure
INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES
DUE TO (b) Hypertensive Heart Disease 2 yrs.
DUE TO (c) Essential Hypertension unknown
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? YES NO

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) 443 X

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 22 1953, to June 1 1954, that I last saw the deceased alive on June 1 1954, and that death occurred at 8:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sharon E. Waggoner M.D. 23b. ADDRESS 301 Illinois Ave., City 23c. DATE SIGNED 6-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-4-1954 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. June 9, 1954 REGISTRAR'S SIGNATURE Ethel M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE Sharon E. Waggoner ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *John E. Rupp*

Licensed Embalmer No. *39*

P. O. Address *H. Joseph*

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.