

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24541

State File No. _____

3311

FILED AUG 1 - 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Lee's Summit	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 404 North Douglas 1⁰⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		X	
3. NAME OF DECEASED (Type or Print) a. (First) Jack b. (Middle) Alsea c. (Last) Furlong		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1886
9. AGE (In years last birthday) 71		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) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and State or Foreign Country) Georgia
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Ben Furlong	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hazel Furlong	
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. 491-20-1053A	17. INFORMANT'S SIGNATURE OR NAME Hazel Furlong, Lee's Summit, Mo. ADDRESS _____
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.		MEDICAL CERTIFICATION Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July 12, 1957 , to July 15, 1957 , that I last saw the deceased alive on July 15, 1957 , and that death occurred at 10:25 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Clint E. Miller M.D.		23b. ADDRESS Lee's Summit Mo	
23c. DATE SIGNED 7/16/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 17, 1957		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem.	
24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit ADDRESS _____	
DATE REC'D BY LOCAL REG 7-16-57		REGISTRAR'S SIGNATURE Neva Minshall	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Clint E. Miller M.D.

JUL 13 1962

DEC 3 1957
DEC 3 1957

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 *D. B. Langford Jr*

Licensed Embalmer No. *496*

P. O. Address *Lee's Summit*

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.