

124

STATE FILE NUMBER

69 0024581

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3425

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. VINCENT PIERCE LONG		MALE	6/25/69
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. WHITE	5a. 62	6. 4/6/07	7a. JACKSON
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. KANSAS CITY		7d. VETERANS ADMINISTRATION HOSPITAL	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. NEBRASKA	9. USA	10. MARRIED	11. LANELLE WILLIAMS LONG
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
12. 327 01 84 02		13b. Manufacturers Representative	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14. KANSAS	14b. JOHNSON	14c. LEAWOOD	14d. YES
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Samuel Long		16. Mabel Vincent	
INFORMANT—NAME		MAILING ADDRESS	
17. Lanelle Long, wife		3207 W. 82nd St. Leawood, Ks.	
OFFICIAL VA HOSPITAL RECORDS		17b. 4801 LINWOOD BLVD., KANSAS CITY, MO. 64128	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) MYOCARDIAL INFARCTION		
DUE TO, OR AS A CONSEQUENCE OF:		
(b)		
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19a. NO	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.	

CERTIFIER

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. VA ATTENDED THE DECEASED FROM	5/7/69	21b. 6/25/69	21c. 6/25/69	21d. Did	21e. 8:25A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. R. R. BEATTY, M.D.	23b.	23c. 6/25/69
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN
23d. VETERANS ADMINISTRATION HOSPITAL, 4801 LINWOOD BLVD., KANSAS CITY, MO. 64128	23e.	23f.

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. California Masonic Cemetery	24c. California, Missouri		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. June 27, 1969	24e. Stine & McClure	24f. 3235 Gillham Plaza Kansas City, Missouri 64109		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. Behan W. Meeker	25b. Arthur Bay	25c. 6-25-69		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 62
10b.
11. 1
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

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

Bert B. Bennett

Licensed Embalmer No.

4656

P. O. Address

Kansas City Mo

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.