

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7797

Dr. Aldridge

Registrar's No. 88

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole 26			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 67 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 54			
d. FULL NAME OF HOSPITAL OR INSTITUTION 936 Moreau Drive				d. STREET ADDRESS (If rural, give location) 936 Moreau Drive 0			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Catherine c. (Last) Longenecker			4. DATE OF DEATH (Month) (Day) (Year) April 6 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan-23-1882	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 2 Days 14		IF UNDER 24 HRS. 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 Housekeeping		11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Hope, Sr.			13b. MOTHER'S MAIDEN NAME Margaret Pillens		14. NAME OF HUSBAND OR WIFE A.E. Longenecker		
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 ADDRESS A.E. Longenecker, Jefferson City, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage 5 yrs ago</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0 4500</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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? <u>0</u>			
22. I hereby certify that I attended the deceased from Jan 1, 1940, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 9:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. Aldridge</u> (Degree or Title)				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>4/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr-8-1949		24c. NAME OF CEMETERY OR CREMATORY River View		24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri	
DATE REC'D BY LOCAL REG. April 8-1949		REGISTRAR'S SIGNATURE <u>R.P. Damm</u>		EMERALD DIRECTOR'S SIGNATURE <u>W.P. Gordon</u>		ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1949

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.

Signed _____

Ferd P. Dulle

Signed _____

Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.