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

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9132

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanagan</u>		c. LENGTH OF STAY (In this place) <u>54</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanagan</u>		60 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>LONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20-1949</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Aug 10-1876</u>	
9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>72 5 10</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Bethpage, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>W. H. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Zukerwoman</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Long</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. J. Long, Lanagan, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Jan 6, 49</u> <u>19.36</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>41</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lanagan McDonald Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McDonald Mo</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Jan 19, 1949</u> , to <u>Jan 20, 1949</u> , that I last saw the deceased alive on <u>Jan 19, 1949</u> , and that death occurred at <u>4:58</u> m. (from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. E. Varnack, MD</u>				23b. ADDRESS <u>Southwest City, Mo</u>		23c. DATE SIGNED <u>2-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lanagan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lanagan, McDonald, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Maurne Humphrey</u>		4-2-3		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. Humphrey, Pineville, Mo</u>	

RECEIVED

District Health Officer No. 8,

District File Number 349-294

Date Filed 3-16-49

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 _____

R. M. Humphrey, Jr.

Student Embalmer No. 285

working under my personal supervision.

Signed.....
Student Embalmer

Signed Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Piscataway, N.J.

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.