S. No. 300
v. 10-48

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FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12902

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville
c. LENGTH OF STAY (in this place): 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 N Tenn St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jasper 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville St 4
d. STREET ADDRESS (If rural, give location): 427 N. Tenn St. 8

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Long
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): April 18 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10 1867
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 8 — 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: *****
11. BIRTHPLACE (State or foreign country): ~~XXXXXXX~~ LAMAR, MO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sanford Cass
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Andrew J. Long

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: Stanley Long
ADDRESS: CARTERVILLE, MO 427 N Tenn ~~XXXXXXXXXX~~

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis
ANTECEDENT CAUSES — Senility
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.

INTERVAL BETWEEN ONSET AND DEATH

4222

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 4-12, 1949, *to* 4-18, 1949, *that I last saw the deceased alive on* 4-18, 1949 *and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DO 2
23b. ADDRESS: Carterville Mo
23c. DATE SIGNED: 4/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 21 1949
24c. NAME OF CEMETERY OR CREMATORY: Virgile City
24d. LOCATION (City, town, or county) (State): Virgile City Mo.

DATE REC'D BY LOCAL REG.: APR. 19, 1949
REGISTRAR'S SIGNATURE: [signature] MD
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] Wells City Mo
ADDRESS: Wells City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

49-4-339

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 D Ross Blanford

Signed .....
Student Embalmer

Licensed Embalmer No. 4015

P. O. Address Webb 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.