

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36831

State File No. _____

FILED NOV 29 1949

Registrar's No. 117

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

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5732

1. PLACE OF DEATH
a. COUNTY Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanton Rural c. LENGTH OF STAY (In this place) 2 wks

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Clair

d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Home for the Aged d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED
a. (First) Ollie b. (Middle) D c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year) NOV 12 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Dec 13 1868 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 10 Days 29 IF UNDER 2 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY ✓ 11. BIRTHPLACE (State or foreign country) Chesterfield Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Long 13b. MOTHER'S MAIDEN NAME Elizabeth Dyke 14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Roy Long ADDRESS 6924 Raymond St. St. Louis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis
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 1 1/2 hour
pass
4201

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) _____ 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 11-12, 1949, to 11-12, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS St. Louis Mo 23c. DATE SIGNED 11-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-14-49 24c. NAME OF CEMETERY OR CREMATORY Thomas Howell Cemetery 24d. LOCATION (City, town, or county) (State) Near Wedder Spring Country Mo

DATE REC'D BY LOCAL REG. 11-13-49 REGISTRAR'S SIGNATURE [Signature] 97 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Louis Mo

RECEIVED
NOV 19 1949
DISTRICT HEALTH OFFICER NO. 9,
DISTRICT OF COLUMBIA

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Signed.....
Student Embalmer

Signed: *Robert M. Murray*
Licensed Embalmer No. *3749*
P. O. Address *St. Louis, 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.