D. CITY (If oetoide corporate limits, write RURAL and give to C. LENGTH OF OR TOWN DUENWES COUNTRY) AND DUENWES COUNTRY	. dominación de la co		THE DIVISIO	ON OF HEA	alth of a	<i>AISSOURI</i>				
STATE OF DECTAGE OF DEATH COUNTY JASPET COUNTY	FILED JAN 3	1950-	STANDARD	CERTIF	ICATE O	F DEATH	Sta	te File No	154	3
a. COUNTY Jaspet. b. CITY (If outside corrective limits, sprife RURAL and give to continuous or todarcollection of the continuous of the	BIRTH NO		_ REG. DIST. NO	1.55	PRIMARY REG.	DIST. NO	5.78 Re	zistrar's No.:	. 6	
b. CITY (If outside corporate limits, write RURAL and give townships of TONN DUENWES CARLES AND CONN D					2. USUAL a. STATE	RESIDENCE Okla	(Where deceased b. C	OUNTY .	•	ience before admission).
3. NAME OF DECEASED S. (First) b. (Middle) A. (Last) A. DATE (Month) (Day) (Year) DECEASED S. (First) B. (DATE (Month) (Day) (Year) The DECEASED S. (First) B. (DATE (Month) (Day) (Year) (T. 1950) (Year) DECEASED S. (B. COLOR OR RACE (B. year) P. DECEASED S. (B. COLOR OR RACE (B. year) P. DECEASED S. (B. COLOR OR RACE (B. year) P. DECEASED S. (B. COLOR OR RACE (B. year) P. DECEASED S. (B. COLOR OR RACE (B. year) P. DECEASED S. (B. SECHAL SECURITY (B. SABERDARD) (MIRATED) (MIDOWED (Geodalty) ADTIL 14. 1871 (B. SABERDARD) (MIDOWED (Geodalty) ADTIL 14. 1871 (B. SABERDARD) (MIDOWED (Geodalty) (MIDOWED (Geodalty) ADTIL 14. 1871 (B. SABERDARD) (MIDOWED (Geodalty) (MIDOWED (Geodalty) (MIDOWED (Geodalty) (MIDOWED (GEODALT) (MIDOWED (G. MIDOWED) (MIDOWED (G. MIDOWED) (MIDOWED (G. MIDOWED) (MIDOWED (G. MIDOWED) (MIDOWED) (MIDOWED (G. MIDOWED) (MIDOWED) (M	b. CITY (If outside co OR TOWN Du	71.A	WRAL and give C.	LENGTH OF Y (in this place)	i or	Picher.	ite, write RURAL			50
S. SEX S.	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in	stitution, give street addr	ess or location)	d. STREET ADDRESS	West	A. St.		8	
5. SEX 6. COLOR OR RACE 7. MARRIED. NEVER NEVER MARRIED. NEVER MARRIED. NEVER NEVER MARRIED. NEVER NE		· · ·	- · ·	idle)						
13. MOTHER'S MANDE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16. MOTHER'S MAIDEN NAME 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16. MOTHER'S MAIDEN NAME 16. MOTHER'S M	11 12		7. MARRIED, NEVER WIDOWED, DIVOR	CED (Specify)	0. DATE OF B	IRTH	last birthda	y) Months		
Bill Long. Unknown. Is was deceased ever in u.s. armed forces? No. No. No. Medical security (No.) No. Medical certification Directly leading to death of service (No.) No. Medical certification Directly leading to the death but not reduce to the disease of contributing to the death but not reduce to the disease or condition contributing to the death but not reduce to the disease or condition contributing to the death but not reduce to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease or condition contributing to the death but not reduced to the disease. Succident (Bosetty) 21b. PLACE OF PERATION NO. NO. MEDICAL CERTIFICATION ANTERVAL BETWEEN A BUTCHLY (B.) ANTERVAL BUTCHLY (B.) ANTERVAL BUTCHLY (B.) ANTERVAL BETWEEN A BUTCHLY (B.) ANTERVAL BUTCHLY (B.) ANT	done during most of worki	ng life, even if retired)	10b. KIND OF BUSI	NESS OR IN- DUSTRY			country)	•	12. CITIZEN COUNTRY AMET	IOF WHAT
O'Re no. Tusknown) If yes, give var or dates of service) NO. NO. Duenweg, Mo 18. CAUSE OF DEATH Enter only one cause part Enter only one cause part the mode of dying, such the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS' Conditions contributing to the death but not related to the disease or condition couring death. 192. DATE OF OPERA! 193. DATE OF OPERA! 194. MAJOR FINDINGS OF OPERATION 215. ACCIDENT SUCIDE WHILEAT NOT WHILE O'NE INJURY OCCURRED WHILEAT NOT WHILE O'NE INJURY OCCURRED O'NE INJURY OCCURRED WHILEAT NOT WHILE O'NE INJURY OCCURRED O'NE INJ			Unkn	own.	NAME			AND OR WIFE		
Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a) CAULUS JANUARY JANUARY (a) CONTROL (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a) CAULUS JANUARY	(Yes, no, or unknown) (If	yes, give war or dates o	of service)		17, INFORM	MANT'S SIG	NATURE OR			
Aborbid conditions, if any, gletng DUE TO (b) Morbid conditions, if any, gletng DUE TO (b) Morbid conditions, if any, gletng DUE TO (b) Morbid conditions, if any, gletng DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITI	Enter only one cause per	1. DISEASE OR CO	NDITION (a)		ertificat of Shew	whey	2		INTERVAL ONSET AN	BETWEEN ID DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition constituting to the death but not related to the disease or condition constituting to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION YES NO YES	the mode of dying, such as heart failure, asthenia, etc. It means the dis-		, if any, giving DUE TO cuse (a) stating se last.	(b) 3 (c)	Jb to	Blind	gress.		24	sel.
TION THE CHORD STATE 21a. ACCIDENT. (Specify) SUICIDE Nature 21d. PLACE OF INJURY (e.g., in or about SUICIDE Nature) 21d. TIME (Month) (Day) (Year) (Hour) SUICIDE Nature 21d. ITIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE NOW HORK 22. I hereby certify that I attended the deceased from At work 22. I hereby certify that I attended the deceased from At work 22. I hereby certify that I attended the deceased from At work 23. SIGNATURE 24. SIGNATURE 25. DATE SIGNED 24. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town; or county) 24d. LOCATION (City, town; or county) 25d. ADDRESS 26. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town; or county) 25d. ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE 26. A. R. Miami 26. A. R. Miami 27. S. FUNERAL DIRECTOR'S SIGNATURE 27. A. R. Miami 28. FUNERAL DIRECTOR'S SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. DATE SIGNATURE 27. DATE SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 21. DATE S				eath.	. e ice s				331	<u>\</u>
HOMICIDE HOMICIDE How DID INJURY OCCURRED 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR? 218. INJURY OCCURRED 218. HOW DID INJURY OCCUR? 218. HOW	19a. DATE OF OPERA-1 TION	196. MAJOR FIND	DINGS OF OPERATION	• .	get e Mee e		·, · · · · · · · · · · · · · · · · · ·			PSY?
OF INJURY m. WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Occur 2a, 19 kg, to Joseph 7, 19 dg, that I last saw the deceased alive on 21, 19 kg, and that death occurred at 45 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town; or county) 24a. BURIAL CREMATION 1-14-50 C. A. R. Miami Miami Okla. DOTE RECO BY LOCAL REGISTRAPS SIGNATURE (State) 37 25. FUNERAL DIRECTOR'S SIGNATURE (And The County of County Okla) 25. FUNERAL DIRECTOR'S SIGNATURE (STATE OR COUNTY OKLA)	21a. ACCIDENT SUICIDE HOMICIDE						IIP) (COUNTY)	(ST/	(IE)
alive on 2/, 19 49, and that death occurred at 4/5 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town; or county) (State) 10N, REMOVAL Greater 1-14-50 G. A. R. Miami Miami Okla. 25. FUNERAL DIRECTOR'S SIGNATURE COUNTY SIGNATURE COUNTY OF	OF '	(Day) (Year) ()	WHILE AT []	NOT WHILE	21f. HOW DID	INJURY OCCUR	!		•	
24a. BURIAL CREMA-72h. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town; or county) (State) TION, REMOVAL (Specific Property) 1-14-50 C. A. R. Miami Miami Okla. DATE REC'D BY LOCAL REGISTRAPS SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE COLLEGE OF A REGISTRAPS	alive on	that I attended the	•	//	915 m.,	from the caus				deceased
BUTIAL GENERAL DELLA SEGISTRAPS SIGNAFURE GAR. Miami. Miami. Okla. DOTE RECO BY LOCAL REGISTRAPS SIGNAFURE GAR. Miami. DE FUNERAL DIRECTOR'S SIGNAFURE GAR. Jan 17-30 S.L. Sufched M.D. M. R.D. M. D.	イン	Bittle	me D		G	Perken	allo	<u> </u>	gan.	10-1
Jan 17-30 St. Sutchell m. Do no. V. m. Dondson oka	Burin Removal reports	a 1-14-	1		lami,	1 1			V	(State)
(Licensed Embalmer's Statement on Reverse Side)			to here	m 137	Do ra	DIRECTOR'S	SI GNATURE	Dans	cher	oka
	-		(Licensed	Embalmer's S	tatement on Re-	verae Side)		n n n		.,

RECEIVED /- ユラータの Jasper County Health Office	
County File Number 50-1-27 Date Filed 1-28-5-0	_

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	s is recorded on	the reverse si	ide of this	certificate	was emba	almed by me, o	or by
		•					
orking under my personal supervision.	• *			Student	Embalmer	No	

Signed Mrs. V. M. Loodson

Licensed Embalmer No.....

P. O. Address Pecher, Okla

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.