

FILED MAY 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12753

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF RESIDENCE (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		d. STREET ADDRESS (If rural, give location) <u>102 W. Vine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>102 W. Vine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Avinelle</u>			b. (Middle) <u>Kirby</u>		c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 28 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 30, 1914</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elementary</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F. Ware</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond 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 <u>Raymond Long</u> ADDRESS <u>Fayette, 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>Wernia -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Carcinoma cervix</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>2-3 day</u> <u>6 m</u> <u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>X ray therapy Feb-March 1949</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>171X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Feb 5</u> , 19 <u>49</u> , to <u>April 28</u> , 1950, that I last saw the deceased alive on <u>April 28</u> , 1950, and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mary T. Slue</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>4-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-29-50</u>		REGISTRAR'S SIGNATURE <u>Mary T. Slue</u> <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

5/4/50

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 _____
Student Embalmer

Signed _____

Ralph A. Carr

Licensed Embalmer No. _____

3340

P. O. Address _____

Fayette 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.