

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19213**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6278** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek Twp. 1140	
c. LENGTH OF STAY (in this place) 36 Yrs		d. STREET ADDRESS (If rural, give location) 12 Miles Northeast Hartville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Helen		b. (Middle) Irene		c. (Last) Long		4. DATE OF DEATH (Month) (Day) (Year) 5 12 1950	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH 3-24-1914	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months 1 Days 18		IF UNDER 4 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Hartville, Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY --		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME L. E. Long		13b. MOTHER'S MAIDEN NAME Sallie Hopkins		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown ---		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sallie Long Hartville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		410X	
18. CAUSE OF DEATH		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)	
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 **viewed the remains**, to **viewed the remains**, 19 **May 12, 1950**, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Theresa A. Auldin Conroy (Degree or title)		23b. ADDRESS Nowood Mo.		23c. DATE SIGNED May 14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 7		24b. DATE 5-14-1950		24c. NAME OF CEMETERY OR CREMATORY Coon Creek Cemetery	
24d. LOCATION (City, town, or county) Wright		24e. STATE Mo.		24f. COUNTRY U.S.A.	

DATE REC'D BY LOCAL REG. 6-9-50		REGISTRAR'S SIGNATURE E. B. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden Hartville Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 10 1950
 WRIGHT CO. HEALTH DEPT.
 County File Number 650-78
 Date Filed 6-10-50

*Charles E. Holden
 Licensed Embalmer*

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.

Student
 Student Embalmer

Signed Gene E. Holden
 Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.