S. No. 300
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FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23169

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 92

035 N

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett
c. LENGTH OF STAY (in this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 400 N. Vandeventer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett 0352
d. STREET ADDRESS (If rural, give location) 400 N. Vandeventer 0

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

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH May 1, 1901
9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Tom Stagner
13b. MOTHER'S MAIDEN NAME Nora Morgan
14. NAME OF HUSBAND OR WIFE —

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. 491-26-5877
17. INFORMANT'S SIGNATURE OR NAME Jack Henderson ADDRESS Kennett 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
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. — 4201

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT — (Specify) SUICIDE — HOMICIDE —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) Kennett (COUNTY) Dunklin (STATE) Mo.

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 July 14, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE S. R. Russell (Degree or title) MD
23b. ADDRESS Kennett Mo
23c. DATE SIGNED 7-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16, 1950
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) Kennett (State) Mo.

DATE REC'D BY LOCAL REG. 7-26-50
REGISTRAR'S SIGNATURE Carl Husband
25. FUNERAL DIRECTOR'S SIGNATURE Paul Salmon ADDRESS Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-27-50

COUNTY FILE NUMBER 750-224

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 H Palmer

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.