

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25829

| | | | | | | | | |
|---|---------------------------|---|--|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>352</u> | | PRIMARY REG. DIST. NO. <u>4517</u> | | Registrar's No. <u>46</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Taney</u> | | | | |
| b. CITY OR TOWN <u>Branson</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Hallston</u> | | 1060 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoess Comm Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>MO.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard L</u> b. (Middle) <u>LONG</u> c. (Last) <u>LONG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-50</u> | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>March 9, 1874</u> | | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lewrence, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Clayton Long</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Jennie Canfield</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Long</u> | | | ADDRESS <u>Hallston, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | | | | MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | | | | |
| | | DUE TO (c) | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>331X</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6-25, 1950</u> , to <u>6-29, 1950</u> , that I last saw the deceased alive on <u>6-29, 1950</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>M. O. Rubin MD</u> (Type or Print) | | | | 23b. ADDRESS <u>Branson MO</u> | | 23c. DATE SIGNED <u>6-30-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-1-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>God Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Branson MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-1-50</u> | | REGISTRAR'S SIGNATURE <u>J E Coover</u> | | 396 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R D. Whelchel</u> ADDRESS <u>Branson MO</u> | | |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-11-50
District Health Officer No. 5,
District File Number 750-291
Date Filed 7-14-50

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.

Student _____
Student Embalmer

Signed Minnie L. Welch

Licensed Embalmer No. 2277

P. O. Address Branson, 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.