

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27265

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>359</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>1 Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Goodman</u>		<u>0600</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Box 84</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u>			b. (Middle) <u>LONGSTRETH</u>		c. (Last) <u>CARROLL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 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>Dec. 8, 1879</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Towanda Pennsylvania</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Russell Hollandbeck</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Longstreth</u>			14. NAME OF HUSBAND OR WIFE <u>Finley J. Carroll</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Finley J. Carroll, Box 84, Goodman, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary occlusion</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Second attack death followed</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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>4201</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21d. TIME OF INJURY		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>Aug 3, 1950</u> to <u>Aug 11, 1950</u> (that I last saw the deceased alive on <u>Aug 11, 1950</u> and that death occurred at <u>7 A. M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>John B. Padon</u>			23b. ADDRESS <u>78 S. James Blvd. Joplin</u>			23c. DATE SIGNED <u>Aug 11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/12/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moline Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin County, Nebraska</u>			
DATE REC'D BY LOCAL REG. <u>8-12-50</u>		REGISTRAR'S SIGNATURE <u>John B. Padon</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Padon</u>		ADDRESS <u>Goodman, Mo.</u>		

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

RECEIVED 8-21-50  
Jasper County Health Office

County File Number 50-8-614

Date Filed 8-21-50

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 *John B. Papineau*  
Licensed Embalmer No. 4446

P. O. Address *Goodman, 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.