

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34099

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Macou</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>Rural - Hudson</u>		c. CITY OR TOWN <u>Indianola</u>	
c. LENGTH OF STAY (in this place) <u>Since Aug. 1950</u>		d. STREET ADDRESS (If rural, give location) <u>506 West Salem Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>F.</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 '50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED; WIDOWED; DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 15 1869</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Milo Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Harvey M. Reed</u>	
13b. MOTHER'S MAIDEN NAME <u>Anne Tractor</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas L. 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>T.A. Reed</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4/3X</u>	
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) m.	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. 29, 1950</u> , to <u>Oct. 4, 1950</u> , that I last saw the deceased alive on <u>Oct. 4, 1950</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edson A. Moreau, D.O.S.H.O.S. Macou, Mo 10-4-50</u>		23b. ADDRESS <u>100 F. Cemetery Indianola, Ia.</u>	23c. DATE SIGNED <u>10-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>100 F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Indianola, Ia.</u>
DATE REC'D BY LOCAL REG. <u>10/14/50</u>	REGISTRAR'S SIGNATURE <u>Keith Mcneely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>
		ADDRESS <u>Macou</u>	

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

RECEIVED 10.24.00
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.50.197
Date Filed 10.26.00

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Allent Skinner*.....

Licensed Embalmer No. 75-1.....

P. O. Address *Macon Ga*.....

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.