

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44011**
Registrar's No. **16**

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5826**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) Conran		c. CITY (If outside corporate limits, write RURAL and give township) CONRAN	
c. LENGTH OF STAY (In this place) No.		d. STREET ADDRESS (If rural, give location) No.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FURLONG c. (Last) FURLONG			4. DATE OF DEATH (Month) (Day) (Year) DEC-24-1950		
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 13 - 1872	9. AGE (In years last birthday) 78	10. MONTHS 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Richman Ky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME VNK.		13b. MOTHER'S MAIDEN NAME VNK.	
14. NAME OF HUSBAND OR WIFE ESSIE FURLONG		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME VELMER FURLONG		17. ADDRESS CONRAN MO			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 wks			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Generalized arteriosclerosis DUE TO (c) —			
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 331X		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 **15 Dec, 1950**, to **15 Dec, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Bonder M.D.		23b. ADDRESS Conrann, Mo		23c. DATE SIGNED 5-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY Mound	
24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo		DATE REC'D BY LOCAL REG. May 25 1951		REGISTRAR'S SIGNATURE H. J. Bonder Deputy	

25. FUNERAL DIRECTOR'S SIGNATURE Richard Wolt Co.		ADDRESS New Madrid Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720 / 1950

RECEIVED

JUN 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Signed.....
Student Embalmer

Signed

Les Hedgcock

Student Embalmer No.....

Licensed Embalmer No.

3803

P. O. Address

New Madrid, 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.