No. 300
10.48

970

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7174

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
c. LENGTH OF STAY (In this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 Patrick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs 0970 0
d. STREET ADDRESS (If rural, give location): 106 Patrick

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Belle
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): March 5 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3, 1869
9. AGE (In years last birthday): 81 — If under 1 year: Months 9, Days 27 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: house work
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John P. Robinson
13b. MOTHER'S MAIDEN NAME: Mary Salisbury
14. NAME OF HUSBAND OR WIFE: James Long

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Earl Long
ADDRESS: Sweet Springs 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) Hemorrhage of bronchial tree — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) stenosis of bronchial vessels & rupture
DUE TO (c) possible bronchogenic ca

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized, marked

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 162X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1950, *to* 5 Mar, 1951, *that I last saw the deceased alive on* 5 Mar, 1951, *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph H Jones M.D.
23b. ADDRESS: Sweet Springs, Mo.
23c. DATE SIGNED: 6 Mar 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8 1951
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Sweet Springs Mo

DATE REC'D BY LOCAL REG.: 3/8/51
REGISTRAR'S SIGNATURE: Dolly Andrews 243
25. FUNERAL DIRECTOR'S SIGNATURE: Edgar L. Moseley
ADDRESS: Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-12-51

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 Edgar L. Moseley
Licensed Embalmer No. 4711
P. O. Address Sweet Springs 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.