

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7391**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1109-N-DON ST.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Rosie</b>	b. (Middle) <b>Z.</b>	c. (Last) <b>Long</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 28 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>JAN. 25, 1894</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 100 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alex. Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Headley</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Von Neeter</b>	ADDRESS <b>1307-S-Baltimore, Kirksville Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>3 yrs</b> <b>7 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>myocarditis, chronic</b>		
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 <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-5, 1938** to **May 28, 1951**, that I last saw the deceased alive on **MAY 28, 1951**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>RD Stibler, MD</b>	23b. ADDRESS <b>0 Kirksville mo</b>	23c. DATE SIGNED <b>3-30-51</b>
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24a. BURIAL, CREMA-TION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-30-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Coatesville Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Coatesville Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-30-51</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert '0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert B. Davis</b>	ADDRESS <b>Kirksville Mo.</b>
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APR 2 1951

Date Received: ~~MAR 2 1951~~

DISTRICT HEALTH OFFICE #2

District File Number 4-511-64

Date Filed: APR 2 1951

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 Robert B. Davis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Tripsville, 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.