

FILED APR 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9503

0780

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. K403 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Bernsaw</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bernsaw</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annice Laurel</u> b. (Middle) <u>Longacre</u> c. (Last) <u>Longacre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-13-1890</u>
9. AGE (In years last birthday) <u>60</u>		# UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	# UNDER 1 MTH. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clair, Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Barley</u>	
13b. MOTHER'S MAIDEN NAME <u>Jessie Burban</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Stanfield</u>		ADDRESS <u>Detroit Mich</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>Addison's Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Cortisone medication</u> DUE TO (c) <u>Rheumatoid Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Hepatitis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>2 months</u> <u>15 yrs</u> <u>1 Day</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)	
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>JAN</u> , 1951, to <u>29 MAR</u> , 1951, that I last saw the deceased alive on <u>28 MAR</u> , 1951, and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. L. Taylor, D. M.D.</u>		23b. ADDRESS <u>Steele Mo</u>	
23c. DATE SIGNED <u>29 Mar 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		DATE REC'D BY LOCAL REG. <u>4-3-51</u>	
REGISTRAR'S SIGNATURE <u>J. J. O'Connell</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Germon Mt & Steele Mo</u>	
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

4-51-99

APR - 7 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

John H. Gorman

Licensed Embalmer No. 4355

Signed _____

Student Embalmer

P. O. Address Hayti, 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.