

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11287

FILED MAR 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		103!			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, Dexter, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>----</u>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>			b. (Middle) <u>NEWTON</u>			c. (Last) <u>LONG</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1951</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		
8. DATE OF BIRTH <u>Nov. 4, 1882</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>		IF UNDER 2 WEEKS 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>Stoddard Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Newton Sparrow</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>D. J. Long (Deceased)</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>Mrs. Virgil Harris, Malden, Mo.</u>				ADDRESS <u>-----</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrostatic Pneumonia</u> ANTECEDENT CAUSES <u>Infectious</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia of lung.</u> DUE TO (c) <u>Pneumonia of heart</u>						INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>6 hrs</u> <u>18 hrs</u> <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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>2/6</u> , 19 <u>51</u> , to <u>3/6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>51</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ida Newton Long</u>				23b. ADDRESS <u>Dexter Mo</u>		23c. DATE SIGNED <u>3/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 8, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-15-51</u>		REGISTRAR'S SIGNATURE <u>Velma W. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO. Bloomfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Division of Health,
District Health Office No.
113 North B. Street
Poplar Bluff, Mo.

RECEIVED

MAR 20 1951

DISTRICT HEALTH OFFICE No. 6

Case 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, & by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.

Signed

Juan C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.