

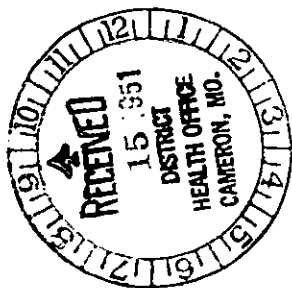
FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13411
Registrar's No. 94

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4378		Registrar's No. 94			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		0740			
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				d. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) a. (First) CRYSTAL		b. (Middle) JOSEPHINE		c. (Last) LONG		4. DATE OF DEATH (Month) (Day) (Year) 4 10 51			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/23/82			
9. AGE (In years last birthday) 68		10. AGE (In years last birthday) 68		11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryville, Missouri					
13a. FATHER'S NAME Alexander Colwes		13b. MOTHER'S MAIDEN NAME Julia Stephens		14. NAME OF HUSBAND OR WIFE Loren Long					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loren Long, Ravenwood, Missouri					
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) <i>Lobar Pneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <i>March 27, 1951</i> , to <i>April 10, 1951</i> , that I last saw the deceased alive on <i>April 9, 1951</i> , and that death occurred at <i>5:20A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>D. G. Porter</i>		23b. ADDRESS <i>D. O. Ravenwood, Missouri</i>		23c. DATE SIGNED <i>4/11/51</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>4/13/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>		24d. LOCATION (City, town, or county) (State) <i>Ravenwood, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>4-14-51</i>		REGISTRAR'S SIGNATURE <i>Bess Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home, Maryville, Mo.</i>					

(Licensed Embalmer's Statement on Reverse Side)

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



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.....
Student Embalmer

Signed

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.