

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22726

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 674

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place) 42 years		8376	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 N. Kansas Avenue		d. STREET ADDRESS (If rural, give location) 701 N. Kansas	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MAUDIE	b. (Middle) MAY	c. (Last) LONG	(Month) July	(Day) 31	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 30 April 1909	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Albert Carver	13b. MOTHER'S MAIDEN NAME Annie Zelona	14. NAME OF HUSBAND OR WIFE Frank Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Carver ADDRESS Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bullet wounds in chest and arms instant	
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
	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 E981X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 701 N. Kansas	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 31, 51 2:42 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? bullet wounds in chest and arm
22. I hereby certify that I attended the deceased from <u>19</u> to <u>10</u> , that I last saw the deceased alive on <u>19</u> and that death occurred at <u>2:42 P.M.</u> from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) Dr. E. Allen Backens, Coroner	23b. ADDRESS 407 Medical Arts Bldg. 8-3-51	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4 1951	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Trieme ADDRESS Springfield, Mo.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE W.E. Handley	

(Licensed Embalmer's Statement on Reverse Side)

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

396

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 Frederic C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.