

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26680**

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5492</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Narrison</u> <u>0410</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Narrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Calofax, 1/2 mi. E.</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Calofax 0410</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E. Blythdale, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Home, 1 1/2 mi. E. Blythdale</u>				3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>CLEARANCE</u> c. (Last) <u>DeLong</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 7, 1867</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel DeLong</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Deming</u>		14. NAME OF HUSBAND OR WIFE <u>Rena DeLong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Lee DeLong Blythdale</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>one mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and general debilitation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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) (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 <u>6-18</u> , 19 <u>51</u> , to <u>8-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>51</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee, M.D.</u>				23b. ADDRESS <u>Bethany, Mo</u>		23c. DATE SIGNED <u>8-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 9-1951</u>		REGISTRAR'S SIGNATURE <u>S. Ph. Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald W. Bigger</u>		ADDRESS	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gerald W. Boggess*

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, 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.