

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

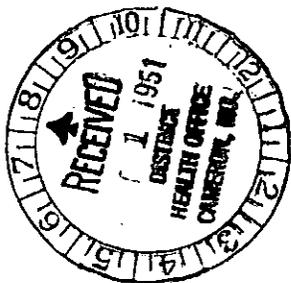
State File No.

30061

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>83</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY OR TOWN <u>Bethany, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Eagleville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0410</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZA</u>			b. (Middle) <u>-</u>			c. (Last) <u>DE LONG</u>		
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>24</u>		(Year) <u>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>October 28, 1868</u>		
9. AGE (In years last birthday) <u>82</u>		# UNDER 1 YEAR <u>11</u> Days		# UNDER 1 MIN. <u>24</u> Hours		# UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Newton Delong</u>		13b. MOTHER'S MAIDEN NAME <u>Editha Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Delong</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>Wm. Velva Van Horn</u> ADDRESS <u>3318 Lowell Ave Los Angeles</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>L-rt Pulmonary Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensating Heart Disease - Auricular Fibrillation</u>					DUE TO (c) <u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4343</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) (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>Sept 23, 1951</u> , to <u>Sept 24, 1951</u> that I last saw the deceased alive on <u>Sept 24, 1951</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Warrant H. Thayer MD</u>				23b. ADDRESS <u>502 Bethany, Mo</u>		23c. DATE SIGNED <u>9-25-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 25, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>9/25/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Bouch</u> ADDRESS <u>Bethany, Mo</u>				

(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 *Clark L. Touch*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4831*.....

P. O. Address.....

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.