

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34726

State File No. \_\_\_\_\_

No. 300  
10. 48

FILED NOV 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6037</u>		Registrar's No. <u>236</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ponder Rt. 6</u>		c. LENGTH OF STAY (in this place) <u>4 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ponder Mo. Rt. 6 0900</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>MARY</del> <del>ISABELLA</del>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ISABELLA</u> c. (Last) <u>DE LONGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 16. 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 14. 1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Retired school teacher</u>		11. BIRTHPLACE (State or foreign country) <u>Black River Falls Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph De Longe</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Gonia</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Belvia Stout Ponder</u> ADDRESS <u>Ripley</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gas in bowel</u> <u>colobylitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gas crowded part till he smothered</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>585X</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>Nov 9-15, 1951</u> , to <u>9-16, 1951</u> , that I last saw the deceased alive on <u>9-15, 1951</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. Edw. Adamson M.D.</u>			23b. ADDRESS <u>Doriphan, Mo.</u>		23c. DATE SIGNED <u>9-16-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doriphan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-24-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.W. Edward Douphan, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 7 1951

DISTRICT HEALTH OFFICE No. C

File 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, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *George R. Keeley*

Licensed Embalmer No. *4752*

P. O. Address *Dorphan, Md.*

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.