

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36227

State File No.

LED OCT 29 1951

BIRTH NO. 74222-57 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6284 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Woodbury</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Woodbury</u>		d. STREET ADDRESS (If rural, give location) <u>1146</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>Oct 14, 1951</u>		9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u> DAYS <u>1</u> HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>Wright Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Ben Long</u>		13b. MOTHER'S MAIDEN NAME <u>Marcella Atkinson</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Long Mtn Grove Mo.</u> ADDRESS	

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) <u>Asphyxiation due to</u> ANTECEDENT CAUSES <u>inspiration of murens,</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>10-15-51</u>
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wood River Wright MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Choked on murens</u>	

22. I hereby certify that I attended the deceased from 10-14, 1951, to 10-15, 1951, that I last saw the deceased alive on 10-14, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mountain View Mo.</u>		23c. DATE SIGNED <u>10-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mtn Valley</u>	
24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mtn Grove Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-19-51</u>		REGISTRAR'S SIGNATURE <u>A. B. Amos</u> 348			

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

1140

RECEIVED OCT 23 1951
WRIGHT CO. HEALTH DEPT.
County File Number 1057-193
Date Filed Oct. 27, 1951

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 *Frank Grable*

Licensed Embalmer No. *4040*

P. O. Address *1414 Shaw, 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.