S. No. 300
Rev. 10.48

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

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37048

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Harrison 0411
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethany
c. LENGTH OF STAY (In this place) 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stanberry 0360
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILBA
b. (Middle) FRANKLIN
c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 1, 1910

9. AGE (In years last birthday) 41 — If under 1 year: Months 2, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Parnell, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John J. Long

13b. MOTHER'S MAIDEN NAME Nora Farris

14. NAME OF HUSBAND OR WIFE Beulah Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 488-14-7682

17. INFORMANT'S SIGNATURE OR NAME Beulah Long — ADDRESS Bethany 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A m., from the causes and on the date stated above.

23a. SIGNATURE Robert R Borgen (Degree or title) Coroner

23b. ADDRESS Ridgeway Mo

23c. DATE SIGNED 11-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 11/16/51

24c. NAME OF CEMETERY OR CREMATORY Hyde Ridge

24d. LOCATION (City, town, or county) (State) Stanberry Gentry MO

DATE REC'D BY LOCAL REG. 11/20/51

REGISTRAR'S SIGNATURE Zola Burris 116

25. FUNERAL DIRECTOR'S SIGNATURE Lafayette Phillips — ADDRESS Stanberry MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 26 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

NOV 28 1951

VS MAR 8 1960

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* Laton H. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stonberry, 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.