

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40658

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>335</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Sturgeon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) <u>Sturgeon, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twin Oaks Convalescent Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALSA</u>			b. (Middle)		c. (Last) <u>LONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/7/1883</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>23</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Luther C. Green</u>			13b. MOTHER'S MAIDEN NAME <u>Della Sweeney</u>			14. NAME OF HUSBAND OR WIFE <u>James H. Long</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Arhie Boothe, Sturgeon, 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>Carcinoma of bladder with metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
19a. DATE OF OPERATION <u>Dec. 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bladder</u>				20. AUTOPSY? <u>181X</u> YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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>12-20, 1951</u> , to <u>12-30, 1951</u> , that I last saw the deceased alive on <u>12-30, 1951</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Roland P. Ladenson M.D.</u>				23b. ADDRESS <u>16 S. 10th Columbia</u>			23c. DATE SIGNED <u>12-30-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hored Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sturgeon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 30 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 7 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 7 1952

MAR 4
1953

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 Thas L. Brown

Licensed Embalmer No. 4132

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.