

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7181**

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	c. LENGTH OF STAY (in this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home		d. STREET ADDRESS (If rural, give location) Kirksville 0	

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie	b. (Middle) D	c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) Mar. 29. 1952
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5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH May 22, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerking	10b. KIND OF BUSINESS OR INDUSTRY Clerking	11. BIRTHPLACE (State or foreign country) Illinois Bend, Ill. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Long	13b. MOTHER'S MAIDEN NAME Mary Wilson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.B. Huston	ADDRESS Kirksville, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Generalized arteriosclerosis		1 week years
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **JAN. 17, 1952**, to **MARCH 29, 1952**, that I last saw the deceased alive on **MARCH 29, 1952**, and that death occurred at **10:50 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) M. T. Luttrell, D.O.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 4-2-52
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	24b. DATE Mar. 31, 1952	24c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery	24d. LOCATION (City, town, or county) (State) Kirksville Mo.
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DATE REC'D BY LOCAL REG. 4-2-52	REGISTRAR'S SIGNATURE Eate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Randolph Davis	ADDRESS Kirksville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0134

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Ferksville, 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.