No. 300
10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12221

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 167

143
2

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): None 1

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): —
c. (Last): Long

4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1952

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 8-22-1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Al Long
13b. MOTHER'S MAIDEN NAME: Mary Bass
14. NAME OF HUSBAND OR WIFE: D K

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: State Hosp Records — ADDRESS: Fulton 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): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.: Psychosis with syphilitic meningeoencephalitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490 X B
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* 5-5, 1952, *to* 5-6, 1952, *that I last saw the deceased alive on* 5-5, 1952, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Caldwell by M.S.M. MD
23b. ADDRESS: 8 State Hospital Fulton, Mo
23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-52
24c. NAME OF CEMETERY OR CREMATORY: State Hospital
24d. LOCATION (City, town, or county) (State): Fulton, Mo

DATE REC'D BY LOCAL REG.: May-10-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
26. FUNERAL DIRECTOR'S SIGNATURE: C.C. Weeks — ADDRESS: Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.