No. 300
10.48

FILED MAY 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15440
State File No.

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO 6263 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Finley
c. LENGTH OF STAY (In this place):
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: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Finley 1120 0
d. STREET ADDRESS (If rural, give location): SEYMOUR MO R.F.D.4.

3. NAME OF DECEASED (Type or Print)
a. (First): EDISON
b. (Middle): EUGENE
c. (Last): LONGWITH

4. DATE OF DEATH (Month) (Day) (Year): 5-1-52

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC.3.1907
9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months | Days
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: FARMING
11. BIRTHPLACE (State or foreign country): CHUBA MO. U
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JESSIE LONGWITH
13b. MOTHER'S MAIDEN NAME: JOSEPHINE HOLMES
14. NAME OF HUSBAND OR WIFE: BERNICE

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 ADDRESS: BERNICE LONGWITH SEYMOUR MO.R.4

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) Medullary Failure — 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) Subarachnoid hemorrhage
DUE TO (c) Ruptured Congenital Cerebral aneurysm

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: 330 X
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* 4/21, 1952, *to* 4/22, 1952, *that I last saw the deceased alive on* 4/22, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leland E Wetzel D.O.
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 5/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-7-52
24c. NAME OF CEMETERY OR CREMATORY: SEYMOUR
24d. LOCATION (City, town, or county) (State): WEBSTER CO MO.

DATE REC'D BY LOCAL REG.: 5-11-52
REGISTRAR'S SIGNATURE: Gilbert Jones 343
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kelley Ferrell Bergmon Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1952

DEC 19 1952

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fairbanks Md

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.