

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20139**FILED JUL 14 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **661**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>1328 N. Clay Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Olive</b>	b. (Middle) <b>Hester</b>	c. (Last) <b>Long</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>9 Oct. 1873</b>
9. AGE (In years last birthday) <b>78</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Orin D. Long</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Muriel Long Springfield, Mo.</b>
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) <b>Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronary arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		20. AUTOPSY? 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) (Min.)	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 <b>Nov</b> , 19 <b>47</b> , to <b>7-3-</b> , 1952, that I last saw the deceased alive on <b>7-3-</b> , 1952, and that death occurred at <b>6:55P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. R. Klingner M. D.</b>		23b. ADDRESS <b>1630 N. Jefferson</b>	23c. DATE SIGNED <b>7-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-6-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
DATE REC'D BY LOCAL REG. <b>7/7/52</b>	REGISTRAR'S SIGNATURE <b>Etha Williamson - Del Ray</b> <b>by Bernice Medley</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co. Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Klingner

396

0

2100

207

Normal

Not used

Not used

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

*Mal Rhodes*  
\_\_\_\_\_  
Licensed Embalmer No. *4071*  
P. O. Address *Spring Hill*

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.