

BIRTH NO. 67209 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mokane</u>	
c. LENGTH OF STAY (If applicable) <u>2 days</u>		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Junior</u>	c. (Last) <u>Furlong</u>	(Month) <u>Nov</u>	(Day) <u>18</u>	(Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 16, 1952</u>		
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR <u>2</u> Months <u>Days</u>		IF UNDER 24 HRS. <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mokane Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Walter Furlong</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Love</u>		14. NAME OF HUSBAND OR WIFE <u>—</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Furlong</u> ADDRESS <u>Mokane Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		DUE TO (b) <u>Intermittent, severe, C.U.</u>		36 hours	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		3 days	
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)		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 17 Nov, 1952, to 18 Nov, 1952, that I last saw the deceased alive on 18 Nov, 1952, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Furlong</u> (Degree or title)		23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>2/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mokane Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>		ADDRESS <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426-0			

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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 J. J. Passon
Licensed Embalmer No. 2555
P. O. Address St. Louis 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.