No. 300
10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

NOV 26 1952

State File No. 39781

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker, Mo Rural
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker, Mo Rural Rt. 3
d. STREET ADDRESS (If rural, give location): None 0857

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): None
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 6, 1879
9. AGE (In years last birthday): 73
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kentucky 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Abner Long
13b. MOTHER'S MAIDEN NAME: Martha Ann Elmore
14. NAME OF HUSBAND OR WIFE: Thomas Long

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Thomas Long
ADDRESS: Crocker, Mo Rural Rt.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterscherosis
DUE TO (c) Hypertension — 10 yrs.

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 ☐ 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* Aug, 1942, *to* Nov 18, 1952, *that I last saw the deceased alive on* Nov 12, 1952, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Mihalevich (Degree or title): D.O.
23b. ADDRESS: Crocker Mo.
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov/20/52
24c. NAME OF CEMETERY OR CREMATORY: Peasant Hill
24d. LOCATION (City, town, or county) (State): Iberia, Mo Rural

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Paula Lyn Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home
ADDRESS: Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-18-52
Pulaski County Health Officer
File Number 11-22-52
Date Filed

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 Clarence L Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.