

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39782

FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 142

850

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rural 0850	
c. LENGTH OF STAY (in this place) 63 yrs		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Rhumina b. (Middle) Elizabeth c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1866
		9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months 9 Days 20
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) Bowling Green Kentucky
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alfred Cassady		13b. MOTHER'S MAIDEN NAME Minerva White	14. NAME OF HUSBAND OR WIFE John B. Long
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 ADDRESS Marshall M. Long Crocker, Mo Rural
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:— DUE TO (b) Hypertension, left DUE TO (c) Arterial Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Nov		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) msd		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 15, 1951, to Nov 23, 1952, that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>C. M. Long</i> MO		23b. ADDRESS Crocker, Missouri	23c. DATE SIGNED Nov. 23-1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Nov. 25/52	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Mo Rural.
DATE REC'D BY LOCAL REG. 11-23-52	REGISTRAR'S SIGNATURE <i>C. M. Long</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Iberia, Mo	

RECEIVED 11-23-52
Health Officer
County Health Officer
File Number
Date Filed 11-24-52

DEC 17 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 Clarence F. Moore

Licensed Embalmer No. 4396

P. O. Address Waynesville, N.C.

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.