

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42979

State File No. ....

DEC 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5885 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>OSARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>OSARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG CREEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG CREEK</u> <u>0770</u>	
c. LENGTH OF STAY (In this place) <u>65 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>DUGGINSVILLE, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) _____ c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 22 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-16-1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DUGGINSVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>EBER LONG</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH RIAS</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY LONG</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 ADDRESS <u>JOE JONES DUGGINSVILLE, 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>Cerebral hemorrhage</u>		DUE TO (b) <u>Arterial hypertension</u>		<u>8 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>2 yr or more</u>	
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 <u>331X</u>		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 January, 1952 to 10/22, 1952, that I last saw the deceased alive on 10/1/52, 1952, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Gorman</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Gainesville, Mo</u>		23c. DATE SIGNED <u>10-24-52</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DUGGINSVILLE? MO</u>	
24d. LOCATION (City, town, or county) (State) <u>RURAL MO</u>		DATE REC'D BY LOCAL REG. <u>12-11-52</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u> <u>243</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLINKINGBEARD FUNERAL HOME GAINESVILLE</u>					

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

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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 *John R. Chrey* .....

Licensed Embalmer No. *4885* .....

P. O. Address *Gaineville, 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.

*noted as with 12-11-21*