

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 24 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 117

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE 0941</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>202 W. JOHNSON ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 W. JOHNSON ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>BERNICE</u> c. (Last) <u>LONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOV. 7 1918</u>		9. AGE (In years last birthday) <u>34</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>MALDEN MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM HARGASS</u>		13b. MOTHER'S MAIDEN NAME <u>JESSIE JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>LINDELL LONG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-02-9329</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LINDELL LONG</u> ADDRESS <u>BONNETERRE MO.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary, right.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr ?</u>	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity 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.				<u>175X</u>	

19a. DATE OF OPERATION <u>5-10-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>1- large carcinoma of right ovary with local metastasis</u> <u>2- Metastatic lesion in liver.</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 5/11 1952, to 3/16 1953, that I last saw the deceased alive on 3/16 1953, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel W. Taylor</u> (Degree or title)		23b. ADDRESS <u>33 No. Allen, Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>3-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MARCH 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK VIEW</u>	
24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin G. ...</u> ADDRESS <u>Bonne Terre Mo</u>			

DATE REC'D BY LOCAL REG. <u>Mar. 19 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin G. ...</u> ADDRESS <u>Bonne Terre Mo</u>	
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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 *Caroline J. Reynolds*

Licensed Embalmer No. 3796

P. O. Address *Caroline Reynolds*

**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.