.300
.48

FILED APR 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8124

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5317 Registrar's No. 4

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

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Kelley
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7Miles S.E.Tipton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN 7 Mi.S.E.Tipton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 7Miles S.E.Tipton

0270
0

3. NAME OF DECEASED (Type or Print)
a. (First) WATHENA
b. (Middle) -
c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year) April, 5th. 1954

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH June, 26. 1878
9. AGE (In years last birthday) 75 — 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 Home
11. BIRTHPLACE (City and State or Foreign Country) Mead County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William S. Hamilton
13b. MOTHER'S MAIDEN NAME Lina Shacklett
14. NAME OF HUSBAND OR WIFE Wade H. Long (Deceased)

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.
17. INFORMANT'S SIGNATURE OR NAME Aubrey Long, Kansas City, Mo — ADDRESS

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Imm.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertention — 3½ yrs
DUE TO (c)

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 4201
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* Nov 2, 1950, *to* April 5, 1954, *that I last saw the deceased alive on* April 2, 1954, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ch. Luckhart Do
23b. ADDRESS Tipton, Mo
23c. DATE SIGNED 4-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April, 8, 1954
24c. NAME OF CEMETERY OR CREMATORY Brandenburg
24d. LOCATION (City, town, or county) (State) Brandenburg, Kentucky

DATE REC'D BY LOCAL REG. Apr 8 1954
REGISTRAR'S SIGNATURE Nellie Mullett 73
25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Richards — **ADDRESS** Tipton Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jennie E. Richard

Licensed Embalmer No. 246

P. O. Address Tipton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.