

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16841

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 352 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>CLIMAX SPRINGS</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>0151</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>CORDELIA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>LONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16, 1954</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>MAY 5, 1876</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>CAMDEN Co</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>THOMAS BURNS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. KINKEAD</u>	14. NAME OF HUSBAND OR WIFE <u>Robert B 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 <u>Robert B Long</u> ADDRESS <u>Climax Springs</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>with heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with heart disease</u> 3 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 <u>May 11, 1954</u> to <u>May 16, 1954</u> , that I last saw the deceased alive on <u>May 16, 1954</u> , and that death occurred at <u>7:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas J. Hyatt</u> M.D.		23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>5/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLARK Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CAMDEN Co. MO</u>
DATE REC'D BY LOCAL REG. <u>5-18-54</u>	REGISTRAR'S SIGNATURE <u>Lavinia Coontz DePue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	ADDRESS <u>Warsaw</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1961 3 11

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 J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.