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FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23338**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **345**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin Mo</b>	c. LENGTH OF STAY (in this place) <b>4 da</b>	c. CITY OR TOWN <b>Greenfield Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>523 Penn St</b>		STREET ADDRESS (If rural, give location) <b>0 290 1</b>	

3. NAME OF DECEASED (Type or Print) <b>Cordie</b>	a. (First)	b. (Middle)	c. (Last) <b>Long</b>	4. DATE OF DEATH <b>July 10 1954</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>2 Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 20, 1872</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b>20</b> Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greenfield Mo.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Abe Gibson</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Gibson</b>	14. NAME OF HUSBAND OR WIFE <b>W.L. Long</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lydia Meadows Coffeerville Kans</b>	ADDRESS <b>Coffeerville Kans</b>
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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) _____		<b>senility</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		<b>malnutrition</b>		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>794x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 2<sup>nd</sup>, 1954**, to **June 5<sup>th</sup>, 1954**, that I last saw the deceased alive on **June 5<sup>th</sup>, 1954**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Max Heilbrunn M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lockwood, Mo</b>	23c. DATE SIGNED <b>7-12-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 14, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-15-54</b>	REGISTRAR'S SIGNATURE <b>E. S. Jamney/38</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b>	ADDRESS <b>Greenfield Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 19 1919  
Jasper County Health Office  
County File Number 54-7-  
Date Filed JUL 19 1919

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.....  
Signature of Student Embalmer

Signed *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.