

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 3 1954

 BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 141

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|--|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u> | | c. LENGTH OF STAY (in this place) <u>2 Days</u> | c. CITY OR TOWN <u>GROVE SPRINGS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>WALLACE HOSPITAL</u> | | | e. STREET ADDRESS (If rural, give location) <u>1140</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>LONG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 54</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>3-4-1882</u> | 9. AGE (in years last birthday) <u>72</u> | 10. UNDER 1 YEAR Days <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 10a. <u>Housewife</u> | | | | 11. <u>WRIGHT</u> | |
| 13a. FATHER'S NAME <u>JAMES LONG</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZA HUGHES</u> | | 14. NAME OF HUSBAND OR WIFE <u>JACOB LONG</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jacob Long Grove Springs 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| <u>Intestinal obstruction</u> | | | <u>4 Days</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause unknown</u> | | | | | |
| DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>Arteriosclerotic Heart Disease</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| <u>None</u> | | <u>5705</u> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 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 <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>12/8</u> , 19 <u>52</u> , to <u>8/15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>54</u> , and that death occurred at <u>4:30</u> p. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. J. Sheer M.D.</u> | | | 23b. ADDRESS <u>Lebanon, Mo</u> | | 23c. DATE SIGNED <u>8/23/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>8-18-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WHITE OAK POND</u> | 24d. LOCATION (City, town, or county) (State) <u>5 mi So Lebanon, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-24-1954</u> | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Simpson Hartsville, Mo</u> | | |

REC 24 1954

Received AUG 28 1954
Laclede County Health Unit
File No. 8-54-136
Date Filed AUG 30 1954

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 Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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.