

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH (5667)

State File No. 28179

Registrar's No. 62

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. (5667)		State File No. 28179		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY LINCOLN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		c. LENGTH OF STAY (In this place) 2 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Hurricane Township</i>		d. STREET ADDRESS (If rural, give location) 5 mile west of ELSBERRY			
d. FULL NAME OF HOSPITAL OR INSTITUTION LINCOLN COUNTY Mem. Hosp.				3. NAME OF DECEASED a. (First) EDNA b. (Middle) IRENE c. (Last) LONG		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4 1954			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1877 DEC. 9, 1877		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) MO - Elsberry, Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ANDREW TRIPLETT			13b. MOTHER'S MAIDEN NAME FANNIE FERRY			14. NAME OF HUSBAND OR WIFE E. T. LONG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. T. LONG - Elsberry, Mo.					
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) <i>Cerebral apoplexy -</i> <i>retentive</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 334 X						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) 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 Sept 3, 1954, to Sept 4, 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. Creech</i>				23b. ADDRESS				23c. DATE SIGNED 9-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-6-54		24c. NAME OF CEMETERY OR CREMATORY NEW HOPE		24d. LOCATION (City, town, or county) (State) MO - Elsberry, Mo.			
DATE REC'D BY LOCAL REG. 9-11-54		REGISTRAR'S SIGNATURE Emma B. Riddle			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stanton</i> - Elsberry, Mo.				

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

570 0

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

O. J. ...

Licensed Embalmer No.

4012

P.O. Address

Edaberry, Mo.

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.