

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33246

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>18 days</u>	c. CITY OR TOWN <u>East Prairie</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>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Pine St. 06th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILKARD</u> c. (Last) <u>FURLONG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29-1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-16-1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wolf Island Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Furlong</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Byrd</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Furlong</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-26-3600</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Furlong</u>	ADDRESS <u>East Prairie</u>
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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) <u>Asuria</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> <u>13 days</u> <u>610 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Prostate Surgery</u>		
	DUE TO (c) <u>Benign Prostate Hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-16-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostate Hypertrophy</u>	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)	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 9-14, 1954, to 9-22, 1954, that I last saw the deceased alive on 9-29, 1954, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. Sealbach</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Capit. Pacific</u>	23c. DATE SIGNED <u>10-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-1-54</u>	24c. NAME OF CEMETERY OR CREMATOR <u>W.O.W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-23-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Edna Shelby</u>	ADDRESS <u>East Prairie, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 David Shelby
Licensed Embalmer No. 27

P. O. Address Eastman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.