

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 874

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Springfield	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		e. STREET ADDRESS (If rural, give location) 1536 N. Farmer Avenue 03960	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Handley Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGIA	b. (Middle) CORA	c. (Last) LONG	4. DATE OF DEATH (Month) (Day) (Year) January 17, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 30 July 1895	9. AGE (In years last birthday) Months Days Hours Min. 59
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Armour, South Dakota /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Sly	13b. MOTHER'S MAIDEN NAME Josephine Weldert	14. NAME OF HUSBAND OR WIFE Charles Bradford Long
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS C.B. Long, 1536 N. Farmer Avenue, Springfield, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia congestive Heart Failure & Wla ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Cardiac Vasculature ? DUE TO (c) Disease		1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Cerebral Vasculature Accident 3 wks			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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 (Month) (Day) (Year) (Hour) OF INJURY 12:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 25 1954** to **Jan 17, 1955** that I last saw the deceased alive on **Jan 17, 1955** and that death occurred at **11:15** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David G. Hall MD	23b. ADDRESS 1951 1/2 National Springfield Mo	23c. DATE SIGNED 1/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 19 Jan. 1955	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Greene County, Missouri
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DATE REC'D BY LOCAL REG. 1-21-55	REGISTRAR'S SIGNATURE Edith Williamson	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Phineas Springfield, Missouri
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WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

OCT 7 1950

JAN 24 1955

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 *Paul C. Thoma*.....

Licensed Embalmer No. 2899
Springfield,
P. O. Address Missouri.....

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.