

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

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7059

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Washington Twp</u>		c. CITY OR TOWN <u>Bellevue</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>0-0-29</u>		e. STREET ADDRESS (If rural, give location) <u>0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BULA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>LONG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-55</u>
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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>8-5-1931</u>	9. AGE (In years last birthday) <u>23</u>	10. UNDER 1 YEAR Days <u>6</u>	11. UNDER 1 YEAR Hours <u>7</u>	12. UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fair Play Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ota Underwood</u>	13b. MOTHER'S MAIDEN NAME <u>Ida May Newsley</u>	14. NAME OF HUSBAND OR WIFE <u>James R Long</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James R Long</u> ADDRESS <u>Bellevue Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> 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 1-13-1955 to 2-12-1955, that I last saw the deceased alive on 2-12-1955, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Benich M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>2-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, MO</u>
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DATE REC'D BY LOCAL REG. <u>2-16-1955</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u> ADDRESS <u>Buffalo Mo</u>
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(Licensee/Embalmer's Statement on Reverse Side)

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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 *Clyde Montgomery*.....  
Licensed Embalmer No. *359*  
P. O. Address *Buffalo,*

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