

39683

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 9 1956

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1380</u>							
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in place) <u>29yr-6m-2da</u>		c. CITY OR TOWN <u>Kirksville</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>State Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>0013 1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u>			b. (Middle) <u>LONG</u>		c. (Last) <u>CONLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 29, 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 11, 1882</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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>Home making</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Martin Long</u>				13b. MOTHER'S MAIDEN NAME <u>Anna E. Porter</u>				14. NAME OF HUSBAND OR WIFE <u>George Conley</u>					
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 ADDRESS <u>Anna &amp; Emma Long, Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia Paranoid Type</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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)				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>Sept 24</u> , 19 <u>51</u> , to <u>Dec 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 28</u> , 19 <u>55</u> , and that death occurred at <u>5:00 A.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Forrest Thomas MD</u>								23b. ADDRESS <u>State Hospital #2, City</u>		23c. DATE SIGNED <u>12/29-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Dec 31, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 3, 1956</u>				REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nova E. Foster, Kirksville, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
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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 *Rova E. Foster*

Licensed Embalmer No. *474*  
P. O. Address *Kuberville*

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.