

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16150

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bethany</u>		c. LENGTH OF STAY (in this place township) <u>1mth</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Colfax</u>		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noll Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. N.E. Blythdale, Mo.</u>		
3. NAME OF DECEASED a. (First) <u>RENA</u> b. (Middle) <u>NMI</u> c. (Last) <u>DeLong</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 29, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
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 (State or foreign country) <u>HARRISON, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Andrew Barth</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>William C. DeLong</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank DeLong, Blythdale, 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>Thrombosis with left failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>33 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Chronic Nephritis</u>		<u>3 yrs.</u>
			DUE TO (c) <u>Chronic Myocarditis</u>		<u>6 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>9040</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>041 21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blythdale Harrison Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 23 5/6 107 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on front</u>		
22. I hereby certify that I attended the deceased from <u>4-23</u> , 19 <u>56</u> , to <u>5-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>56</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Bethany, Mo</u>		23c. DATE SIGNED <u>5-31-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Andover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISON Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>6-1-56</u>		REGISTRAR'S SIGNATURE <u>Zola M. Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herold W. Boggs, Eagleville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Student Embalmer

Signed Herold W. Boggs

Licensed Embalmer No. 4762

P. O. Address Engleville, N

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.