

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

985

STATE FILE NUMBER

FILED FEB 11 1957

45-263-56 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		d. STREET ADDRESS R.#11, (If outside, give location)	
Length of stay in 1b 6 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) KATHERINE H. LONG			4. DATE OF DEATH Feb. 6, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1956		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Springfield, Mo.	
13. FATHER'S NAME Oscar Long		14. MOTHER'S MAIDEN NAME Hazel Hale			

9. AGE (In years last birthday) 8		IF UNDER 1 YEAR 8 (Mths) (Days) (Hours) (Min)		IF UNDER 24 HRS.	
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 Mr. & Mrs. O. Long Address R.#11, Springfield Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spinal meningitis acute			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last.	DUE TO (b) Hemophilus influenzae		
	DUE TO (c) 3400		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) anemia, pulmonary edema or? pulmonary emphysema			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from 2-2-57 to Feb. 6, 1957 and last saw her alive on 2-5-57 Death occurred at 9:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) David A. Thomson M.D.		22b. ADDRESS 1630 Jefferson		22c. DATE SIGNED 2-8-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 8, 1957		23c. NAME OF CEMETERY OR CREMATORY Eastlawn	
24. FUNERAL DIRECTOR Ralph Thieme		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 2-8-57	
26. REGISTRAR'S SIGNATURE Edith Williamson					

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0
300
-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Lee Mason

Licensed Embalmer No. 456

(no arterial injection)

P. O. Address Springfield

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.