

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1957

State File No. **12582**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **147**

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Camden</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b> | c. LENGTH OF STAY (In this place) <b>10 Days</b> | c. CITY OR TOWN <b>Linn Creek</b>  | 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 <b>Charles E. Still Hospital</b>                           |  | e. STREET ADDRESS (If rural, give location) <b>Linn Creek 0150</b>   |   |

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|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mollie</b> b. (Middle) <b>—</b> c. (Last) <b>Long</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 3 1957</b> |
|--|--|

|                      |                               |  |                                     |   |                        |                       |                       |                        |
|----------------------|-------------------------------|--|-------------------------------------|---|------------------------|-----------------------|-----------------------|------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Jan 25-1885</b> | 9. AGE (In years last birthday) <b>72</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 15 MIN. Mins. |
|----------------------|-------------------------------|--|-------------------------------------|---|------------------------|-----------------------|-----------------------|------------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Camden Co. Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
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|--|---|--|
| 13a. FATHER'S NAME <b>William M. Stampen</b> | 13b. MOTHER'S MAIDEN NAME <b>Elvira Bland</b> | 14. NAME OF HUSBAND OR WIFE <b>William L. Long</b> |
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|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>no</b> | 17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <b>Clifton Long Tina Mo</b> |
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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Chronic</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary congestion</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Congestive Heart Failure</b><br>DUE TO (c) <b>Rheumatic Carditis</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|----------------------------------|--|

|  |  |  |
|--|--|--|
| 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)<br><b>416X</b> |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **Aug. 12 1948** to **May 3 1957**, that I last saw the deceased alive on **May 2 1957**, and that death occurred at **10:40 P.M.** from the causes and on the date stated above.

|   |                               |                                     |
|---|-------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Dale Attebery</b> | 23b. ADDRESS <b>Camden Mo</b> | 23c. DATE SIGNED <b>May 3, 1957</b> |
|---|-------------------------------|-------------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>May 6-57</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Linn Creek Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Camden Co Mo</b> |
|---|---------------------------|---|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG <b>9 May 1957</b> | REGISTRAR'S SIGNATURE <b>R.P. Norris, MA MR</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Banksen-Woolery Camden Mo</b> |
|---|---|---|

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

68 0

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 Robert H. Reed.....

Licensed Embalmer No. 3745.....

P. O. Address Camden, N.J......

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.