FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25196
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN: Lebanon — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Knox Nursing Home — Length of stay in 1b: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Dixon — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ida Middle: Belle Last: Long
4. DATE OF DEATH: Month 7 Day 11 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7/14/1876
9. AGE (In years last birthday): 80 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Pulaski County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Jim Jackson Elens
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Columbus Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Aud Long, Address: Dixon, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Viral Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 30 Min.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 492x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 7, 1957, to July 11, 57 and last saw her/him alive on July 11, 1957
Death occurred at 1:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) D.O.
22b. ADDRESS: 117 N. Jefferson, Lebanon, Mo.
22c. DATE SIGNED: 7-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/13/1957
23c. NAME OF CEMETERY OR CREMATORY: Sheppard Cemetery
23d. LOCATION (City, town, or county) (State): Pulaski County, Missouri
24. FUNERAL DIRECTOR: Fred H. Gilbert, ADDRESS: Dixon, Missouri
25. DATE RECD. BY LOCAL REG.: 7-19-1957
26. REGISTRAR'S SIGNATURE: Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Received 7-22-57
Laclede County Health Unit
File No. 112
Date Filed 7-22-57

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 Maurice E. Schierkum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.