

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25767

STATE FILE NUMBER

FILED AUG 15 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 188

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Randolph</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Randolph</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>420 N. 7th St.</i>		Length of stay in lb <i>20 years</i>		c. CITY OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>MARY</i>		Middle <i>LOUISA</i>		Last <i>LONG</i>		Month <i>Aug</i> Day <i>1</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>April-14-1886</i>	9. AGE (In years last birthday) <i>71</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Boone Co. Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Isaac Porter</i>				14. MOTHER'S MAIDEN NAME <i>Elizabethann Bolton</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFIRMITY <i>Gabe H Long Moberly Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Natural Causes - undeter-</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>in morning -</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							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.)				7954
20c. TIME OF INJURY Hour, a. m., p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>Deringville Aug 1-57</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Leah Blower Local Registrar</i>				22b. ADDRESS <i>Moberly, Mo.</i>		22c. DATE SIGNED <i>8/1/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Aug 4-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Perick Cemetery</i>		23d. LOCATION (City, town, or county) <i>Boone Co. Missouri</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>8-1-57</i>		26. REGISTRAR'S SIGNATURE <i>Leah Blower</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

9-0

Aug 29 1957

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 *Jerry R. Carter*.....  
Licensed Embalmer No. *4119*

P. O. Address *Waterbury*.....

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.