

Health,
Public
Service

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28492
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 399

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-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN ⁰⁴⁹⁵⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1511 WALL ST.		Length of stay in 1b 63 YRS	d. STREET ADDRESS (If outside, give location) 1511 WALL ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ETTA Middle LONG Last LONG			4. DATE OF DEATH Month AUGUST Day 11 Year 1957	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 18, 1879	9. AGE (In years last birthday) 77	10. FUNDING YEAR Months 7 Days 1 Hours 24 Min. 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) CLINTON, TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ARMSTEAD ALREDGE LONG	13b. MOTHER'S MAIDEN NAME NANCY ELLEN ALTUM	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (for or unknown)) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT PRE-ARRANGEMENT RECORDS Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac Enlargement	
	DUE TO (c) Thrombophlebitis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombophlebitis (Rt)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) 4260
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20c. TIME OF INJURY Hour 5:15 Month June Day, Year 1948 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 WEBB CITY, MISSOURI
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21. I attended the deceased from 1948 June to 8-8-57 and last saw her alive on 8-11-57 Death occurred at 8-11-57 5:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>George H. [Signature]</i> (Degree or title)	22b. ADDRESS 2115 Jackson St. Webb City, Mo	22c. DATE SIGNED 8-14-57
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23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL	23b. DATE 8-13-57	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO	25. DATE RECD. BY LOCAL REG. 8-15-1957	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin*

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.