

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42840

State File No.

FILED NOV 22 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2708

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 1 yr, 8 months		c. CITY OR TOWN Medaryville —	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Old People's Home			e. STREET ADDRESS (If rural, give location) LOCAL		
3. NAME OF DECEASED (Type or Print) a. (First) Malinda b. (Middle) T. c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) 11 1 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-24-1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 4
IF UNDER 1 HR. Hours 8	IF UNDER 15 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) Gilliam Township, Jasper Co. Ind	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME George W. Maddox		
13b. MOTHER'S MAIDEN NAME Sara J. Frederick			14. NAME OF HUSBAND/OR WIFE Salem Long		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mary J. Sprague ADDRESS 6600 Washington	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____		
DUE TO (c) Previous attack 10 days ago			II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.			4222		
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct. 22, 1957 to 11-1-57 , that I last saw the deceased alive on Oct. 21, 1957 and that death occurred at 4:15 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) T. Ryars M.D.			23b. ADDRESS 607 N. Grand.		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-1-57	24c. NAME OF CEMETERY OR CREMATORY LOCAL-CEMETERY		24d. LOCATION (City, town, or county) (State) Medaryville, Indiana.
DATE REC'D BY LOCAL REG. 11-1-57		REGISTRAR'S SIGNATURE Herbert R. Danko		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington, Blvd.	

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 *Guy W Wilkinson*.....

Licensed Embalmer No. *3578*

P. O. Address *St Louis*

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.

12-1-11 Issued

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