Health, & Welfare Public Service

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED SEP 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033338
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Holden — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Holden Hospital — Length of stay in 1b 5 yrs.	d. STREET ADDRESS (If outside, give location) East 4th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Jennie Middle Long Last Yankee		4. DATE OF DEATH Month Day Year Sept. 14, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct. 4, 1865
9. AGE (In years last birthday) 92	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hardin Long		14. MOTHER'S MAIDEN NAME Amanda McFarlane	
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 Address R.E.L. Yankee, Holden, Mo.	

MEDICAL CERTIFICATION

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)	Acute Endocarditis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fracture neck of Right Femur	15 days
DUE TO (c)	Bronchial Pneumonia	48 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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

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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 Nov 7, 1956, to Sept 14, 1958 and last saw her/him alive on Sept 14, 1958
Death occurred at 4:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Holmberg D.O. 2	22b. ADDRESS Holden, Mo.	22c. DATE SIGNED 9/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill
23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
24. FUNERAL DIRECTOR E B CAST HOLDEN MO ADDRESS E B Cast	25. DATE RECD. BY LOCAL REG. Sept 15, 1958	26. REGISTRAR'S SIGNATURE Mrs G. V. Redford

(Licensed Embalmer's Statement on Reverse Side)

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 403

P. O. Address Holden

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.