

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959

59-027987

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 244

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Length of stay in 1b 4 yrs		c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 W. Scott St.,				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 416 W. Scott St.	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Jane Last Longcor				4. DATE OF DEATH Month Aug. Day 10, Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/1873	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Macon Co., Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Powell Ownbey			13b. MOTHER'S MAIDEN NAME Mary Catherine Garrett		14. NAME OF HUSBAND OR WIFE James A. Longcor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Alfred Longcor, Kirksville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 Day	
DUE TO (b) Arterio Sclerotic heart disease						3 years	
DUE TO (c) Arterio-sclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombo-phlebitis, cholecystitis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)				
20c. TIME OF INJURY Hour Month, Day, Year 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 6-2-52 to Aug. 10, 1959 and last saw her alive on Aug. 10, 1959 Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) Howard Gross MD				22b. ADDRESS Kirksville, Mo		22c. DATE SIGNED 8-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/13/59	23c. NAME OF CEMETERY OR CREMATORY Union Temple Cemetery		23d. LOCATION (City, town, or county) (State) Adair county, Mo.		
24. FUNERAL DIRECTOR Henry Riley, Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. Aug. 13, 1959		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HOWARD GROSS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Kirksville

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.