

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041111

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3048 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Maryville	Length of stay in 1b 1 day	c. CITY OR TOWN Ravenwood	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles west

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle FRANKLIN	Last DeLONG	4. DATE OF DEATH	Month 11	Day 14	Year 59
-------------------------------------	---------------	-----------------	-------------	------------------	----------	--------	---------

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
-------------	------------------------	---	--------------------------	---------------------------	---------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and state or country) Independence, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	------------------------------------

13a. FATHER'S NAME Jefferson DeLong	13b. MOTHER'S MAIDEN NAME Melvina Sawyer	14. NAME OF HUSBAND OR WIFE Myrtle Lawson DeLong
--	---	---

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. 496-44-5042	17. INFORMANT Address Mrs. Myrtle DeLong, Ravenwood, Mo.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction		20 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Atherosclerosis	10 years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
---------------------	------	------------------

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 11/13/59 3:30 P. to 11/14/59 and last saw him alive on 11/14/59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i> M. D.	22b. ADDRESS Maryville, Missouri	22c. DATE SIGNED 11/16/59
--	-------------------------------------	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/16/59	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn	23d. LOCATION (City, town, or county) (State) Ravenwood, Missouri
---	-----------------------	--	--

24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-16-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	---------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1961

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.