

1. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000902

FILED VS JAN 26 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in 1b		c. CITY OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin County Memorial</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1000 Whitney</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Rachel</b> Middle <b>Ray</b> Last <b>Long</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>7--</b> Year <b>1960</b>									
5. SEX <b>Feminine</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-19-1886</b>		9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>19</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Dunklin County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Henry Sanders</b>				13b. MOTHER'S MAIDEN NAME <b>Mahala Champ</b>				14. NAME OF HUSBAND OR WIFE <b>W.B. Long</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. J.W. Gargas-Kennett, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>3 years</b>	
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>											
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 <b>June 19 56</b> to <b>Jan 7, 1960</b> and last saw her alive on <b>Jan 7, 1960</b> Death occurred <b>approximately 3 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>George D. ...</b>				22b. ADDRESS <b>Kennett Mo.</b>				22c. DATE SIGNED <b>1/15/60</b>					
23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>		23b. DATE <b>1-10-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Senath</b>		23d. LOCATION (City, town, or county) <b>Senath</b>		23e. STATE <b>Mo.</b>					
24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser.-Kennett, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan 20-1960</b>		26. REGISTRAR'S SIGNATURE <b>Paul ...</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett

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.