

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024087

FILED VS JUN 30 1960 277

Registration District No. 4412 Primary Registration District No. 25 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pike</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Curryville</b>		Length of stay in 1b <b>15 Yrs.</b>	c. CITY OR TOWN <b>Curryville</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 -----		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ORWIN</b> Middle <b>WELLINGTON</b> Last <b>LONG</b>			4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1960</b>		
5. SEX <b>Male</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>May 18 1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City, and state or country) <b>Louisiana, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>US</b>
13a. FATHER'S NAME <b>Frank Long</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda J. Poyser</b>		14. NAME OF HUSBAND OR WIFE <b>Maude E. Long</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes Spanish Amer.</b>		16. SOCIAL SECURITY NO. <b>569 01 8501</b>		17. INFORMANT Address <b>Maude E. Long, Curryville, 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>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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.) <b>---</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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.) <b>---</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>---</b>	
21. I attended the deceased from _____ to _____ and last saw him <sup>alive</sup> on <b>June 23</b> Death occurred at <b>12:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J.O. Mudd</b>			22b. ADDRESS <b>Bowling Green Mo.</b>		22c. DATE SIGNED <b>June 23 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 25 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Louisiana Mo.</b>
24. FUNERAL DIRECTOR <b>J.O. Mudd</b>			25. DATE RECD. BY LOCAL REG. <b>JUNE 25 1960</b>		26. REGISTRAR'S SIGNATURE <b>Maude E. Williams</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 1960

SEP 1 1960

**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

*James O. Kuehl*

Licensed Embalmer No. 4152

P. O. Address Burlington

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.