

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043097

FILED VS NOV 20 1960

278

Primary Registration District No. 5955

Registrar's No. 140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALT RIVER TOWNSHIP		Length of stay in 1b 43 YRS.	c. CITY OR TOWN SALT RIVER TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOGAN Middle ELVIN Last LONG			4. DATE OF DEATH Month NOV. Day 20 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 28 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 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	11. BIRTHPLACE (City and state or country) CHILICOTHE MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY LONG		13b. MOTHER'S MAIDEN NAME BERTHA CHERRY		14. NAME OF HUSBAND OR WIFE -		
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. 492-34-6919	17. INFORMANT Mrs. Helen Weener Frankford 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) Sepsis Poison DUE TO (b) Cardiac Failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 1954 to NOV. 20, 1960 and last saw ^{her} him alive on Nov. 17, 1960 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE E. P. Hansen (Degree or title) D.O.			22b. ADDRESS Frankford, Mo.		22c. DATE SIGNED 11-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 22 1960	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.	23d. LOCATION (City, town, or county) (State) GRASSY CREEK RURAL Mo.			
24. FUNERAL DIRECTOR MEGOWN TUNL HOME FRANKFORD MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 23 1960	26. REGISTRAR'S SIGNATURE Bernice Collett		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 30 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 Lois Fields Negron

Licensed Embalmer No. 4093

P. O. Address Amford, V

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.