

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005306
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 879

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

FILED VS MAR 3 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mauassasity Length of stay in 1b 10YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Mauassasity Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 509 W 13th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Vernon Middle DeLong Last DeLong 4. DATE OF DEATH Month 2 Day 19 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-14-24 9. AGE (last birthday) 37 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hog feeder 10b. KIND OF BUSINESS OR INDUSTRY MEAT PACKING 11. BIRTHPLACE (City and state or country) Reed Springs Mo W-2 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Willie DeLong 13b. MOTHER'S MAIDEN NAME Vergie Larigus 14. NAME OF HUSBAND OR WIFE Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SECURITY NO. 17. INFORMANT Vergie DeLong Address 1245 Penn

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Laennec's Cirrhosis INTERVAL BETWEEN ONSET AND DEATH
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 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 2-17-61 to 2-19-61 and last saw him alive on 2-19-61
Death occurred on 2-19-61 at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2400 Cherry - City 22c. DATE SIGNED 2/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-21-61 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM 23d. LOCATION (City, town, or county) (State) K.C. Mo.

24. FUNERAL DIRECTOR ADDRESS SEBRETO'S K.C. MO. 25. DATE RECD. BY LOCAL REG. 2-20-61 26. REGISTRAR'S SIGNATURE Ruth Long

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Forest D. L. Alderson

Licensed Embalmer No. 4714

P. O. Address KC Mo

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.