

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

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

FILED MAY 24 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Dunklin	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hollywood	a. STATE Missouri	b. COUNTY Dunklin
Length of stay in 1b		c. CITY OR TOWN Hollywood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Box 17	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Alma	Middle Long	Last Long	4. DATE OF DEATH	Month May	Day 12,	Year 1961
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5. SEX Female	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 7/31/1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 24 HR Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dunklin Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME John S. Cook	13b. MOTHER'S MAIDEN NAME Dora Dawson	14. NAME OF HUSBAND OR WIFE Edward Long
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Edward Long Box 17, Hollywood Mo.
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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) Strychnine Poisoning		Unknown
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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Swallowed Strychnine tablets which were for heart.
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 Senath Missouri		20g. COUNTY Senath

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **3:A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver, Coroner	(Degree or title)	22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 5-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/1961	23c. NAME OF CEMETERY OR CREMATORY Senath	23d. LOCATION (City, town, or county) (State) Senath Missouri
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24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-20-1961	26. REGISTRAR'S SIGNATURE Mabel T. Douglass.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, 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.