

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5258

0570

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) Troy		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Troy		0570			
d. FULL NAME OF HOSPITAL OR INSTITUTION In her home				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Laura			b. (Middle) Norton		c. (Last) Long		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed		8. DATE OF BIRTH Oct. 20, 1877		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Montgomery City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Caswell H. Hudson			13b. MOTHER'S MAIDEN NAME Annie Pratt			14. NAME OF HUSBAND OR WIFE Nim R. Long			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. B. Woolfolk Troy, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on February 11, 1951, and that death occurred at 9:05 A. m., from the causes and on the date stated above.									
23a. SIGNATURE E. Levech M.D.				23b. ADDRESS Troy Mo			23c. DATE SIGNED 2/17/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri			
DATE REC'D BY LOCAL REG 2-14-1951		REGISTRAR'S SIGNATURE Emma B Riddle			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy Missouri				

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

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, XXXX

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph J. Marsh  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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 this body is not embalmed, fact should be so stated above.