

FILED MAY 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15643

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 68 yrs.		d. STREET ADDRESS (If rural, give location) 400 North Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 400 North Main St.			

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle) LONG	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 19, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1880	9. AGE (in years last birthday) 74	# UNDER 1 YEAR 2	1 YEAR 15	# UNDER 24 HRS. Hours 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 Other home	11. BIRTHPLACE (City and State or Foreign Country) CenterTown, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Peter Gates	13b. MOTHER'S MAIDEN NAME Fredia Rickey Schultz	14. NAME OF HUSBAND OR WIFE Fred L. Long	400 N. Main St. Clinton, Mo.
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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) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Fred L. Long	ADDRESS 400 N. Main St. Clinton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK CAUSED BY ACUTE PULMONARY EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RIGHT VENTRICULAR CARDIAC THROMBOSIS		
	DUE TO (c) ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 8, 1954, to May 19, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Harbaugh	(Degree or title) D. O.	23b. ADDRESS 105 E. Ohio, Clinton, Mo.	23c. DATE SIGNED May 21, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 1954	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Mo.
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DATE REC'D BY LOCAL REG. 5-22-54	REGISTRAR'S SIGNATURE Florence Udoer	422-3	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Tansant	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 FEB 2 833

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
Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 2099

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.