

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **41255**

FILED DEC 31 1956

Registration District No. **137** Primary Registration District No. **5023** Registrar's No. **340**

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hosp.</b> Length of stay in lb <b>16 days</b>   |  | d. STREET ADDRESS (If outside, give location) <b>509 N 3rd St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |  |
| 3. NAME OF DECEASED (Type or print) <b>ANNA MAY LONG</b> First Middle Last   |  |  | 4. DATE OF DEATH <b>Dec. 27 1956</b> Month Day Year  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>JAN 30, 1879</b>   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>  |  | 9b. KIND OF BUSINESS OR INDUSTRY <b>None</b>   | 9c. BIRTHPLACE (City and state or country) <b>Hale, Missouri</b>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>  |  |
| 11. BIRTHPLACE (City and state or country) <b>Hale, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>   |  |
| 13. FATHER'S NAME <b>A. P. Smith</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Angeline CAST</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT <b>Ed Long</b> Address <b>Clinton, Mo</b>  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary heart</b><br>DUE TO (c) <b>Hypertension</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 da</b><br><b>10 da</b><br><b>3 ya</b>                 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)   |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.  |  |  |  |
| 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 <b>Dec 15-56</b> to <b>Dec 27-56</b> and last saw her alive on <b>Dec 27-56</b><br>Death occurred at <b>1:00 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE (Degree or title) <b>M. D.</b>  |  | 22b. ADDRESS <b>Clinton Mo</b>   | 22c. DATE SIGNED <b>12-28-56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>12/29/56</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>  | 23d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>                                |
| 24. FUNERAL DIRECTOR <b>J. E. Coussens</b> ADDRESS <b>Clinton</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>12-29-56</b>   | 26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>   |

(Licensed Embalmer's Statement on Reverse Side)

with, officer, public service, 00 0-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symbols, 01 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *J. E. Conzalez*.....

Licensed Embalmer No. *18*.....

P. O. Address *Clinton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.