No. 300
10.48

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27867

State File No. 334

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 334

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TowerCOurt, Hwy. 60&67 Jct.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kewanee 9/120
d. STREET ADDRESS (If rural, give location): 507 N Ea st ~~St.~~ Kewanee 8

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): S.
c. (Last): Clong

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1953

5. SEX: Male 2
6. COLOR OR RACE: Whit e
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 24 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months 5, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Boiler Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown 9
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frank Clong
13b. MOTHER'S MAIDEN NAME: Amanda Anderson
14. NAME OF HUSBAND OR WIFE: Irley Howe Clong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MrsClong, Kewanee, Ill.
ADDRESS:

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
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 _____, 19____, and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Grover W. Green (Degree or title) Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: Aug. 10 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-11-53
24c. NAME OF CEMETERY OR CREMATORY: Kewanee, Cem.
24d. LOCATION (City, town, or county) (State): Kewanee, Ill.

DATE REC'D BY LOCAL REG.: 8/11/53
REGISTRAR'S SIGNATURE: R H Muchee
25. FUNERAL DIRECTOR'S SIGNATURE: Frank-Cotrell
ADDRESS: Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3

RECEIVED
AUG 17 1953
BUTLER CO. HEALTH CENTER
FILE No._____

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Poplar Bluff - 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Butler }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 27867
Local Registrar's No. 334

On this 20 day of August, 1953, before me appears Grover W. Greer, who, upon his oath, states that the original record of death for Lawrence Clong who died August 8, 1953, in the State of Missouri, and which was filed at Poplar Bluff, Mo. on Aug. 6, 1953, should be corrected as follows:

Item No. 4 should read August 5, 1953
Instead of August 8, 1953

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

*The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Grover W. Greer Relationship. Funeral Director

Poplar Bluff, Mo.
Present Address.

Subscribed and sworn to before me this 20 day of August, 1953.

My Commission expires 4-11-55 Margaret Cotrell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
DM—4-43
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