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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Health,
Welfare
Public
Service

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2056

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Charleston</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Anniston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Rolwing's Of.</u>				Length of stay in 1b <u>1 Hour</u>		d. STREET ADDRESS (If outside, give location) <u>Anniston, Mo.</u>	
3. NAME OF DECEASED (Type or print)		First <u>Albert</u>		Middle <u>Monroe</u>		Last <u>Furlong</u>	
4. DATE OF DEATH		Month <u>1</u>		Day <u>8</u>		Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10/16/1906</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and state or country) <u>Leachville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>No Record</u>				14. MOTHER'S MAIDEN NAME <u>Myrtle Palmer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-24-7383</u>		17. INFORMANT Address <u>Mrs. Eula Furlong, Anniston, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ac. Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic myo carditis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>none</u>							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
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 _____ 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 <u>1/5/57</u> to <u>1/8/57</u> and last saw ^{him} her alive on <u>1/5/57</u> Death occurred at <u>10:30A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. Charles Rolwing M.D.</u>				22b. ADDRESS <u>Charleston Mo</u>		22c. DATE SIGNED <u>1/10/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/10/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>The Nunna Lee Funeral Chapel</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 8, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Dorothy B. Haddon</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 2-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Munnelle Jr.
Licensed Embalmer No. 38

P. O. Address Charlotte

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.