

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9485**

Passion
FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5826** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY OR TOWN Conran		c. LENGTH OF STAY (in this place) 40 Yrs.		c. CITY OR TOWN Conran		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conran				e. STREET ADDRESS (If rural, give location) Conran 0720 0			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Martin c. (Last) Furlong			4. DATE OF DEATH February 11, 1957 (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1879		9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Hickman County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hudson Furlong		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Otha Southoff Furlong			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Otha Furlong - Conran, Missouri 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac decompensation						2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertension						3 years
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		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 3-2-1954 , to 2-11-1957 , that I last saw the deceased alive on 2-11-1957 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE James O. Cameron D.O.				23b. ADDRESS Portageville - Mo		23c. DATE SIGNED 2-6-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 13, '57	24c. NAME OF CEMETERY OR CREMATORY Portageville, Mo. Cem.		24d. LOCATION (City, town, or county) (State) Portageville, Missouri		
DATE REC'D BY LOCAL REG. 3-8-57		REGISTRAR'S SIGNATURE H.L. Gordon Deputy		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith ADDRESS Funeral Home - C'ville. Mo.			

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

218.

DATE RECEIVED: MAR 11 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 H. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Carthensville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.