

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23940**

FILED AUG 6 1957

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Cameron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Davies	
b. CITY OR TOWN Cameron		c. CITY OR TOWN Colfax Township	
c. LENGTH OF STAY (in this place) 3 days		d. Is Residence within limits of or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp		e. STREET ADDRESS (If rural, give location) NORTH CAMERON MS.	

3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Evelyn c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1957
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-4-1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY SELF.		11. BIRTHPLACE (City and State or Foreign Country) Benton County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME MARCUS Hopper	13b. MOTHER'S MAIDEN NAME Lou Carr	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Cleo L. Long	ADDRESS Cameron 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis?		
	DUE TO (c) Virus Pneumonia		6 days
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Chronic glomerulonephritis 6 yrs		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420	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) (Min.)	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 **Aug 1st**, 19**57**, to **July 27**, 19**57**, that I last saw the deceased alive on **July 27, 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Long	23b. ADDRESS Cameron Mo.	23c. DATE SIGNED July 27-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29-57	24c. NAME OF CEMETERY OR CREMATORY Ridge with Cameron	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 7-29-57	REGISTRAR'S SIGNATURE Francis D Crawford	25. FUNERAL DIRECTOR'S SIGNATURE Richard Funeral Home	ADDRESS Cameron Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Laurence J. Thompson*

Licensed Embalmer No. *473*

P. O. Address *Camden*

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.