

CERTIFICATE OF DEATH

FILED

SEP 6 1972

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. **575**

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Lucy Elizabeth LONG					2. female	Aug 23, 1972	
3. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		4. AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	5. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5. 84				6. Dec. 25, 1887	
7. CITY, TOWN, OR LOCATION OF DEATH		8. INSIDE CITY LIMITS (SPECIFY YES OR NO)		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Joplin		7c. yes		9. D.O.A. St. John's Medical Center			
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		11. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
10. Kentucky		11. USA		12. Widowed			
14. SOCIAL SECURITY NUMBER		15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		16. KIND OF BUSINESS OR INDUSTRY			
14. unknown		15. housewife		16. home			
17. RESIDENCE—STATE		18. COUNTY		19. CITY, TOWN, OR LOCATION		20. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
17. Missouri		18. Barry		19. Cassville		20. yes	
21. FATHER—NAME		FIRST	MIDDLE	LAST	22. MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
21. Elisha Metcalf					22. Sarah Williams		
23. INFORMANT—NAME				24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
23. Mrs. Loraine Erwin				24. R#1 Washburn, Missouri			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
(a) Myocardial infarction							
(b) arteriosclerotic heart disease							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
7 days							
7 years							
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
Hypertension							
25. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		26. DATE OF INJURY (MONTH, DAY, YEAR)		27. HOUR		28. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
25. no		26. no		27. no		28. no	
29. INJURY AT WORK (SPECIFY YES OR NO)		30. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		31. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		32. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
29. no		30. no		31. no		32. no	
33. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		34. TO		35. AND LAST SAW HIM/HER ALIVE ON		36. I DID/DO NOT VIEW THE BODY AFTER DEATH.	
33. 8-23-72		34. 8-23-72		35. 8 23-72		36. no	
37. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED							
37. Missouri M.D. 8:58 A.M. 8 23 1972 8:58 A.M.							
38. CERTIFIER—NAME (TYPE OR PRINT)				39. SIGNATURE		40. DEGREE OR TITLE	
38. S.W. SCORSE MD SR				39. S.W. Scorse		40. M.D.	
41. MAILING ADDRESS—CERTIFIER				42. STREET OR R.F.D. NO.		43. CITY OR TOWN	
41. 2727 McClelland Blvd Joplin				42. no		43. no	
44. BURIAL, CREMATION, REMOVAL (SPECIFY)		45. CEMETERY OR CREMATORY—NAME		46. LOCATION		47. CITY OR TOWN	
44. Burial		45. Maplewood Cemetery		46. Exeter, Missouri		47. no	
48. DATE (MONTH, DAY, YEAR)		49. FUNERAL HOME—NAME AND ADDRESS		50. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		51. DATE SIGNED (MONTH, DAY, YEAR)	
48. Aug. 25, 1972		49. Culver's P.O. Box 36 Cassville, Mo.		50. 65625		51. 8-30-72	
52. FUNERAL DIRECTOR—SIGNATURE				53. REGISTRAR—SIGNATURE		54. DATE RECORDED BY LOCAL REGISTRAR	
52. M.C. Henbest				53. Betty J. Burress		54. 9-1-72	

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

Dr. Fuchs Joplin, Mo coroner notified.

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

Margaret C. Hemmett

Licensed Embalmer No.

4389

P. O. Address

Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.