

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 28 1945

Registration District No. 18

Primary Registration District No. 4165

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Gallatin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
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(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Joyce Meta Long

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer Long 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October 28 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 3 22 hr. min.

9. Birthplace Gallatin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
Own Home

11. Industry or business Sam Poage

12. Name Sam Poage  
13. Birthplace Gallatin Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Laure Vanddyke  
15. Birthplace Gallatin Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Homer Long

(b) Address Gallatin Missouri

17. (a) Burial (b) Date thereof 2-25-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin Missouri

19. (a) 2-22-1945 (b) H. O. Richerson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Gallatin  
(If outside city or town limits, write "RURAL")  
(d) Street No. ----- (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1945 hour About 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1937  
19\_\_\_\_, to Feb 20, 1945;  
that I last saw her alive on Feb 20, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration  
Cardiac asthma,  
hypertension

Due to \_\_\_\_\_  
Due to AHC  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature H. O. Richerson (M. D. or other)  
Address Gallatin Mo Date signed Feb 22 1945

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

L. O. Richesson  
Licensed Embalmer No. 3302

P. O. Address.....

Hallsville, 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, above space should be left blank.**