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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1867

State File No.

FILED JAN 31 1949

Registrar's No. 24

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 N. Pine St. 1</u>				d. STREET ADDRESS (If rural, give location) <u>207 North Pine St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) _____		c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 19 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>2-Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 15-1879</u>		9. AGE (In years last birthday) <u>69</u> 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) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Boley, Okla. 1</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Nelson Long</u>			13b. MOTHER'S MAIDEN NAME <u>Maria</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Long</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Long</u> ADDRESS <u>207 N. Pine</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertention</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>11-26</u> , 19 <u>48</u> , to <u>1-19</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. W. Fox</u> (Degree or title) _____				23b. ADDRESS <u>M.H. Hannibal, Mo.</u>		23c. DATE SIGNED <u>1-22-49</u>			
24a. BURIAL-CREMA-TION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery Hannibal</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u> ADDRESS <u>Hannibal</u>					

WRITE PLAINLY—USING UNFADING 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.

Signed Geo E Roberts

Signed _____
Student Embalmer

Licensed Embalmer No. 211-3

P. O. Address Hannibal 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, fact should be so stated above.