

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2011

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) GRANBY	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) GRANBY	73
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) OSCAR	b. (Middle) MARION	c. (Last) LONG	4. DATE OF DEATH (Month) (Day) (Year) JAN. 6 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 16 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Days 2	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RITCHIEY, MOU	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Long	13b. MOTHER'S MAIDEN NAME MARtha INGRAM	14. NAME OF HUSBAND OR WIFE LeVeta Long
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15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. LeVeta Long	ADDRESS Granby 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Oct 4, 1947**, to **Dec 25, 1948**, that I last saw the deceased alive on **Dec 25, 1948**, and that death occurred at **5:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles O. Chast	23b. ADDRESS D.O. 2 Granby, Mo.	23c. DATE SIGNED 1-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 10 1949	24c. NAME OF CEMETERY OR CREMATORY VANBUREN	24d. LOCATION (City, town, or county) (State) WENTWORTH, MO.
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DATE REC'D BY LOCAL REG. 1-8-1949	REGISTRAR'S SIGNATURE M. L. Young	225	25. FUNERAL DIRECTOR'S SIGNATURE Clewer-Shewmake	ADDRESS Granby mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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