

No. 300
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FILED APR 7 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9043

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>187</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>255 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>217 Taylor Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hobart</u> b. (Middle) <u>G.</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1949</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 28, 1911</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Creek, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Elbert T. Long</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie L. Hart</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>498-05-6754</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. McMichael, Record Clerk,</u>				ADDRESS <u>Mo. State San., Mt. Vernon, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure due to Pulmonary Tuberculosis - Bronchopleural (Post Pneumonectomy on left) (Fistula.)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Eutaneous</u> <u>Abt. 2 yrs.</u>			
		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 <u>002X</u> 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"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 10</u> , 19 <u>48</u> , to <u>Mar 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 21</u> , 19 <u>49</u> , and that death occurred at <u>11:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. A. Brasher M.D.</u>				23b. ADDRESS <u>Mount Vernon, Mo.</u>		23c. DATE SIGNED <u>3-21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Perish Gravel</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Headricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer's Lebanon, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1949

RECEIVED

District Health Officer No. 6,

District File Number 449-359

Date Filed 4-5-49

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. 246

working under my personal supervision.

Student Emmett E. Everett
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.