

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 19

No. 300
10-48

FILED JUL 20 1949

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give town) Cainsville		c. CITY (If outside corporate limits, write RURAL and give township) Cainsville	
c. LENGTH OF STAY (in this place) 65 years		41	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 000	

3. NAME OF DECEASED (Type or Print) a. (First) Calvin	b. (Middle) Ellsworth	c. (Last) Longfellow	4. DATE OF DEATH (Month) (Day) (Year) June 16, 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 September 5, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Davis Co., Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Longfellow	13b. MOTHER'S MAIDEN NAME Lucy Francis	14. NAME OF HUSBAND OR WIFE Mary Evelyn Longfellow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Evelyn Longfellow	ADDRESS Cainsville
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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 10 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		4201
	ANTECEDENT CAUSES Morbidity 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. Diabetes Mellitus		5 or 6 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 June 1, 1949, to June 16, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE Alfred G. Jeff	(Degree or title) D. O.	23b. ADDRESS Cainsville, Missouri.	23c. DATE SIGNED June 17, 1949
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE June 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery	24d. LOCATION (City, town, or county) (State) Cainsville, Mo.
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DATE REC'D BY LOCAL REG. July 16-1949	REGISTRAR'S SIGNATURE J. P. Shaw, Cainsville, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.
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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 by

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Signed

Winifred S. Taff
Student Embalmer

Signed

[Signature]
Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.