

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4179 State File No. 33461

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 2473		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 4/5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Senath</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1949</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (State or foreign country) <u>Senath, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Virgil Long</u>			13b. MOTHER'S MAIDEN NAME <u>Constance Matlock</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If No, or unknown) <u>No.</u> (If yes, give year or dates of service) <u>N.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Long</u>		ADDRESS <u>Senath, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Peritonitis Abdomen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mixed Colic Infection</u> DUE TO (c) <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none made</u>					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?				
22. I hereby certify that I attended the deceased from <u>Sept 6, 1949</u> , to <u>Sept 6, 1949</u> , that I last saw the deceased alive on <u>Sept 6, 1949</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert E. Martin M.D.</u>				23b. ADDRESS <u>Senath, Missouri</u>		23c. DATE SIGNED <u>9-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-14-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. H. Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Pruegard</u>		ADDRESS <u>Senath, Mo.</u>		

RECEIVED OCT 17 19
District Health Office No.
District File Number 1049-1
Case Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

(Signature)

Signed _____
Student Embalmer

Licensed Embalmer No. 4466

P. O. Address *Dunbar 1120*

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.