

FILED MAR 6 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4522

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
- b. CITY (If outside corporate limits, write RURAL and give town) Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1221 E. Pacific Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) XXXXX Lake	b. (Middle) A.	c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) Feb 24 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 23, 1896
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Carthage, Illinois	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Long	13b. MOTHER'S MAIDEN NAME Mary Funbar	14. NAME OF HUSBAND OR WIFE Nellie Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Springfield, Missouri

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia, right lung, necrotizing		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignancy, ulcerative, larynx 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 checked="" 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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **Feb 10** 19 **50**, to **Feb 24**, 19**50**, and that death occurred at **9:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE F. L. BISEL, MD, Chief Professional Services	(Degree or title)	23b. ADDRESS VA Hospital Springfield, Missouri	23c. DATE SIGNED 2-24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-1-50	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG 2-28-50	REGISTRAR'S SIGNATURE W.E. Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE Dorman J. Schaefer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.380
2.48

96

ADDITIONAL SUPPLEMENTARY INFORMATION

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.

Student
Student Embalmer

Signed *Lewis G. Schuff*.....

Licensed Embalmer No. *38020*.....

P. O. Address *Springfield, 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.