

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5878

941

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY OR TOWN <i>Bonne Terre</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>823 Blue St</i>		c. CITY OR TOWN <i>Bonne Terre</i> 0941	
		d. STREET ADDRESS (If rural, give location) <i>823 Blue St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARVIN</i> b. (Middle) <i>CHIFFORD</i> c. (Last) <i>LONG</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 14, 1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 21, 1902</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Ill. Railroad</i>	9. AGE (In years last birthday) <i>47</i> Months <i>10</i> Days <i>23</i>
11. BIRTHPLACE (State or foreign country) <i>Bonne Terre Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jack Long</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Baker</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Diana Williams</i>		ADDRESS <i>Bonne Terre Mo</i>	
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) <i>Several Hemorrhage</i> ANTECEDENT CAUSES DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Arteriosclerosis</i> 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 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) (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 <i>Feb 19, 1950</i> , to <i>Feb 14, 1950</i> , that I last saw the deceased alive on <i>Feb 13, 1950</i> , and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>D. P. Cousins M.D.</i> (Degree or title)		23b. ADDRESS <i>Bonne Terre Mo</i>	
23c. DATE SIGNED <i>2-15-1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Feb. 19, 1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Bonne Terre</i>		24d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo</i>	
DATE REC'D BY LOCAL REG. <i>Feb. 16, 1950</i>		REGISTRAR'S SIGNATURE <i>Esther Rudloff</i> 287	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Benjamin H. H. Boone</i>		ADDRESS <i>Bonne Terre Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1950

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-244

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 Caroline J. Claywell

Licensed Embalmer No. 3206

P. O. Address Caroline Jervis M

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.