

S. No. 200
V. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11504

317

6076

576

4000

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.		c. LENGTH OF STAY (In this place) 135 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2194	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				d. STREET ADDRESS (If rural, give location) 4442 ENRIGHT ST.			
3. NAME OF DECEASED (Type or Print) a. (First) CLIFTON		b. (Middle) A.		c. (Last) LONG JR.		4. DATE OF DEATH (Month) (Day) (Year) MARCH 5, 1950	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-28-26	
9. AGE (In years less birthday) 23 YRS.		10. MONTHS 10		11. DAYS 7		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLINICIAN		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) NEWTON, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CLIFTON A. LONG SR.			13b. MOTHER'S MAIDEN NAME RUTH IDA HANNER			14. NAME OF HUSBAND OR WIFE RUBY JUNE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW II		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT ANTECEDENT CAUSES DUE TO (b) HYPERTENSION ARTERIAL DUE TO (c) CHRONIC GLOMERULONEPHRITIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES YEARS YEARS 592X	
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) (COUNTY) (STATE) JEFFERSON BARRACKS, MO. MO.			
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 VA 10-20-49 , to 3-5-50 , and that death occurred at 3:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) F. O. Reulbach				23b. ADDRESS JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 3-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9-50		24c. NAME OF CEMETERY OR CREMATORY National Jefferson Brks		24d. LOCATION (City, town, or county) (State) St. Louis, Bountly Mo	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE Herbert B. Doube		25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son		ADDRESS MO ST. LOUIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

J. J. Stator

Signed.....
Student Embalmer

Licensed Embalmer No. *269A*

P. O. Address *2769 Montclair*

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.