

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1950

State File No. 32363

BIRTH NO.		REG. DIST. NO. 391	PRIMARY REG. DIST. NO. 6153	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pike</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pike</u> 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brownwood Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Brownwood, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM BIRD</u> b. (Middle) <u>LONG</u> c. (Last) <u>LONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 9, 1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u> of which 1 year <u>10</u> Days <u>10</u> Hours <u>10</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Bellingey Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie E Long</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olis Long, Brownwood 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>Cholera, A.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>CA widespread in stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Evidence of metastasis to lungs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Supp. report)</u>		20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>15 Aug, 1950</u> , to <u>19 Aug, 1950</u> , that I last saw the deceased alive on <u>19 Aug, 1950</u> , and that death occurred at <u>4:30 P.M.</u> , from the cause and on the date stated above.				
23a. SIGNATURE <u>Ed Merrill, M.D.</u>		23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>21 Aug 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Aug. 20, 1950</u>		24b. DATE <u>Aug. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownwood Co. Brownwood, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Brownwood, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan, Adrian Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-4-1950</u>		REGISTRAR'S SIGNATURE <u>Bennie Mout</u> 360		ADDRESS <u>Adrian Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4670*

P. O. Address *Adonai, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.