

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 86

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar OR TOWN 914 East 6th St.		c. CITY (If outside corporate limits, write RURAL and give township) Lamar, MO	
c. LENGTH OF STAY (in this place) 62 yrs		d. STREET ADDRESS (If rural, give location) 914 East 6th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Henry			Jan. 2 1951			
b. (Middle) Beem						
c. (Last) Long						
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH June 29, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Tipton, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Long		13b. MOTHER'S MAIDEN NAME Mahalie Kearney		14. NAME OF HUSBAND OR WIFE Zereida Cassatt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Sadie Long, Lamar, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary attack</u>		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			42 21

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.) Lamar		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Barton Mo	
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 Jan 2, 1950, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE D.K. Gueldner M.D.		23b. ADDRESS Lamar Mo		23c. DATE SIGNED 1.2.51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 1/4/1951		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar Mo.	
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DATE REC'D BY LOCAL REG. JAN 3 - 1951		REGISTRAR'S SIGNATURE Marie Konarty		25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Childs		ADDRESS Lamar Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

0061

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 157-22-

Doc. No. 1-8-57

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 George H. Childs

Signed
Student Embalmer

Licensed Embalmer No. 3413

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.