

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7589**  
Registrar's No. **291**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>291</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in days) <b>5 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Higgoner Nursing Home 401 Kentucky St.</b>				d. STREET ADDRESS (If rural, give location) <b>710 Thompson Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>		a. (First)		b. (Middle) <b>WASHINGTON</b>		c. (Last) <b>LONG</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 13, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>Aug. 4, 1860</b>		9. AGE (In years last birthday) <b>90</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Buchanan County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sol Long</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Boucher</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Long</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pe E. Long 710 Thompson Ave. St. Joseph.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>794X</b>	
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)		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 <b>June</b> , 19 <b>46</b> , to <b>Mar. 13, 1951</b> , that I last saw the deceased alive on <b>Mar 13, 1951</b> , and that death occurred at <b>2:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. Benjamin W. Riley, M.D.</b>				23b. ADDRESS <b>926 Edmond St</b>		23. DATE SIGNED <b>March 14, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 15, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Turner Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Faucett, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar 15, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl E. Carter</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Carroll Clark</b>		120 Illinois Ave	

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

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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.....

*Earl A. Clark*

Signed.....

Student Embalmer

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph, 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.