

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26291**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 233	
1. PLACE OF DEATH a. COUNTY Callaway 0143				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give town) Hulton		c. LENGTH OF STAY (in this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) New Franklin		0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) AITEN		c. (Last) LONG	
4. DATE OF DEATH (Month) (Day) (Year) 8-27-1951		5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 4-25-1867		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 4 Days 2		IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bill Long		13b. MOTHER'S MAIDEN NAME Hydia Roman		14. NAME OF HUSBAND OR WIFE Ella Long			
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 Hospital Records ADDRESS Hulton Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Softening.		ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
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)		334X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8-5-1951 , to 8-27-1951 , that I last saw the deceased alive on 8-26-1951 , and that death occurred at 6 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. C. Caldwell M.D. by A. Raymond		23b. ADDRESS Hulton Mo.		23c. DATE SIGNED 8-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove		24b. DATE 8/29/51		24c. NAME OF CEMETERY OR CREMATORY Boonshoro		24d. LOCATION (City, town, or county) (State) Howard County Mo.	
DATE REC'D BY LOCAL REG. Aug 27-1951		REGISTRAR'S SIGNATURE Martha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Wesley H. Hinson ADDRESS New Franklin, Mo.	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

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 *H. H. [Signature]*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.