

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40739

State File No.

No. 300
10-4-51 DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1297

0117
3

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>United Dep't Store-6th & Felix</u>		d. STREET ADDRESS (If rural, give location) <u>2820 Walnut Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u>	b. (Middle)	c. (Last) <u>Long</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 12, 1951.</u>
---	-------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 8, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---	---	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dep't Store</u>	11. BIRTHPLACE (State or foreign country) <u>Meridan, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Ephraim Long</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Hull</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Long</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>509-01-0915</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Georgia Long</u>	ADDRESS <u>St. Joseph, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>approx 1 hr</u>
	ANTECEDENT CAUSES <u>from Coronary occlusion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis General</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertention</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (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 8-30, 1951, to 12-12, 1951, that I last saw the deceased alive on 11-16, 1951, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B. [Signature]</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>510 Corby Bldg</u>	23c. DATE SIGNED <u>12-14-51</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5 Dec. 17, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valencia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Valencia, Kansas.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Dec 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Caswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. Joseph, Mo</u>
--	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

70617 053

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, of *****

working under my personal supervision.

Student Embalmer No. ** : **

Signed *Robert C. Harrington*

Signed..... **** *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.