

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42692**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4461** Registrar's No. **433**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck	
c. LENGTH OF STAY (In this place) 7 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) **Henry** c. (Last) **Long** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 30-1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Apr.-21-1870** 9. AGE (In years last birthday) **81** 10. MONTHS **8** 11. YEAR **9** 12. HOURS IN REG. **1** MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Restaurant operator** 10b. KIND OF BUSINESS OR INDUSTRY **Same** 11. BIRTHPLACE (State or foreign country) **Wayne Co. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Long** 13b. MOTHER'S MAIDEN NAME **Elizabeth Elridge** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Joe LaBuyere Elvins** ADDRESS **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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Double Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 **493 X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 27, 19 51** to **Dec. 30, 19 51**, that I last saw the deceased alive on **Dec. 29, 19 51**, and that death occurred at **1:00 A.**, from the causes and on the date stated above.

23a. SIGNATURE **F. W. Gale M.D.** (Degree or title) 23b. ADDRESS **Bismarck, Mo.** 23c. DATE SIGNED **1-1-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 2, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Des Arc Cem.** 24d. LOCATION (City, town, or county) (State) **Des Arc MO.**

DATE REC'D BY LOCAL REG. **Jan. 7, 1952** REGISTRAR'S SIGNATURE **Ether Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE **Shipman-Sparks** ADDRESS **Bismarck, Mo.**

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 _____

Student Embalmer No. 4152

working under my personal supervision.

Student John N. Sigman
Student Embalmer

Signed

Licensed Embalmer No. 4287

P. O. Address Flat River, 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.