

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4370**

**FILED MAR 6 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5087 Registrar's No. 14

0240

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fishing River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fishing River 0240</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Liberty R 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty R 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>White</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20-52</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>Aug. 22-1866</u>		9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>4</u> DAYS <u>28</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Fredericksburg Va. /</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Geo. M. Long</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah White</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Minter Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. JJ J. Williams Knoxville, Ia.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Indef.</u>	
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.		<u>Pyelonephritis - Hypertrophy Prostate</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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.)		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 May 1940, to Jan. 20, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter W. Henderson MD</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>1-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1/22/52</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lawrence - Green Co. Liberty Mo</u>	
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Lombard.....

Licensed Embalmer No. 4448.....

P. O. Address Liberty, 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.