

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7300

State File No.

FILED MAR 19 1952

REG. DIST. NO. 27

PRIMARY REG. DIST. NO. 3005

Registrar's No. 25

| | | | |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) Buther | | c. CITY (If outside corporate limits, write RURAL and give township) Rich Hill, 0070 | |
| c. LENGTH OF STAY (In this place) 20 Min. | | d. STREET ADDRESS (If rural, give location) Parkview Hotel 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Buther Memorial Hosp. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Archie | | b. (Middle) W. | |
| c. (Last) Long | | 4. DATE OF DEATH (Month) (Day) (Year) 3-9-52 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 1-17-1882 |
| 9. AGE (In years last birthday) 70 | 10. MONTHS 1 | 11. DAYS 22 | 12. HOURS 11 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Nathaniel Long | | 13b. MOTHER'S MAIDEN NAME Sarah Marshall | |
| 14. NAME OF HUSBAND OR WIFE Single | | 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. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Frank Long | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 19. ADDRESS Butter, Mo. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anger's Headache | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | 2 hrs | |
| DUE TO (c) Rebral Hemorrhage | | 2 1/2 hrs | |
| 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 331xx | |
| 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) (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 June 14, 1950 , to March 19, 1952 , and that death occurred at 11:24 AM , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS [Address] | |
| 23c. DATE SIGNED March 11, 1952 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-11-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Greenbush Cemetery | | 24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri | |
| DATE REC'D BY LOCAL REG. March 11-52 | | REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS Culver-Underwood, Butler, Mo. | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Robert J. Steenvech.....

Licensed Embalmer No. 4657.....

P. O. Address Butte, Mont.....

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.