S. No. 300
v. 10-48

FILED JAN 31 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

333

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 124

0117

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 Atchison Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1205 Atchison Street 6

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Edmund~~ Edmond
b. (Middle): Romaine
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): January 25, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 11, 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rice County, Kansas. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Long
13b. MOTHER'S MAIDEN NAME: Elizabeth Green
14. NAME OF HUSBAND OR WIFE: Alice Long

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. Alice Long — ADDRESS: St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Coronary occlusion | 10 min |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Coronary Sclerosis | 1½ yrs |
| DUE TO (c) | Arterio-sclerosis | Undet |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | 4201 | |

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* Oct, 1951, *to* 1-25, 1953, *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clement C. Cahy Mont Mal (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rouse Cemetery
24d. LOCATION (City, town, or county) (State): Darlington, Missouri.

DATE REC'D BY LOCAL REG.: Jan 29, 1953
REGISTRAR'S SIGNATURE: Carl C. Castor 4/4
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Fleeman Funeral Home Inc. — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. ****,
working under my personal supervision.

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

Signed Raymond W. Morehead
Licensed Embalmer No. 4413 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.

7 1953

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No. 333

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 124

On this 6th day of Feb., 1953, before me appears Alice Long, who, upon her oath, states that the original record of ~~birth~~ death for Edmund Romaine Long ~~born~~ died Jan. 25, 1953, in the State of Missouri, and which was filed at St. Joseph on Jan. 29, 1953, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Edmond Romaine Long

Instead of Edmund Romaine Long

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alice Long Relationship Wife

1205 Atchison St. St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 6th day of February, 1953.

My Commission expires My Commission Expires Nov. 3, 1956

Inez P. Balmat Notary Public.

m V. S. 135
M—8-43
I X37817

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