

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **334**

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>6117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>716 No. 6</b>		d. STREET ADDRESS (If rural, give location) <b>1610 Holman</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>LONG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2 1953</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 9 1864</b>	9. AGE (In years less birthday) <b>88</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Knox County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Patrick Long</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Dromey</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Anna Long St. Joseph Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANCECEDENT CAUSES DUE TO (b) <b>carcinoma of stomach</b>		<b>6 mos</b>	
		DUE TO (c) <b>metastasis of liver</b>		<b>6 mos</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of prostate</b>		<b>6 mos</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>		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 January 29 53 to January 29 52 that I last saw the deceased alive on Jan. 2, 19 52, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. Handler</b> (Degree or title) <b>M. D.O.</b>		23b. ADDRESS <b>311 Physician &amp; Surgeons Bldg., St. Joseph, Missouri</b>		23c. DATE SIGNED <b>1-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 5 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>St. Joseph Missouri</b>		(State)	

DATE REC'D BY LOCAL REG. <b>Jan 9, 1953</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casady</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph Mo</b>	
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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 Charles E. Bennett

Licensed Embalmer No. 4673

P. O. Address St. Joseph, 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.