

STANDARD CERTIFICATE OF DEATH

State File No. **43634**
 Registrar's No. **424**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY MARION	b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL	a. STATE MISSOURI	b. COUNTY MONROE
c. LENGTH OF STAY (in this place) 6 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) MONROE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL		d. STREET ADDRESS (If rural, give location) 0690	

3. NAME OF DECEASED (Type or Print) ROSELLA	a. (First) ROSELLA	b. (Middle) Paige Paige	c. (Last) LONGMIRE	4. DATE OF DEATH (Month) (Day) (Year) DEC 16, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 12, 1858	9. AGE (In years last birthday) 95 If UNDER 1 YEAR: Months 8 Days 4 If UNDER 1 HR.: Hours 4 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HANNIBAL, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NIMROD GLASCOCK	13b. MOTHER'S MAIDEN NAME ANNIE B. STOWERS	14. NAME OF HUSBAND OR WIFE EDWARD LONGMIRE
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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.	17. INFORMANT'S SIGNATURE OR NAME <i>F. Longmire</i>	ADDRESS <i>Urbana, Ill</i>
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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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4500 F
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c) Fracture of hip Oct 21/53		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 0690 (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21, 1953, 1 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell at home.
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22. I hereby certify that I attended the deceased from Oct 21, 1953 **to** Dec 16, 1953, **that I last saw the deceased alive on** Dec 16, 1953, **and that death occurred at** 12:40 A.M. **from the causes and on the date stated above.**

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Hannibal, Mo	23c. DATE SIGNED Dec 18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-19-53	24c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY	24d. LOCATION (City, town, or county) (State) MONROE CITY, MO
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DATE REC'D BY LOCAL REG. 12-18-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Monroe City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED DEC 22 1953

RECEIVED DEC 21 1953

MARION CO. HEALTH DEPT

DATE FILED DEC 21 1953

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 Me

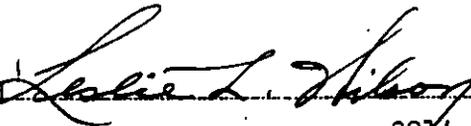
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3024

P. O. Address Monroe City, 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.