

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 278

BIRTH NO. FILED JAN 18 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>12 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1524 Beattie Street,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>1524 Beattie Street,</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 6th 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 28th 1875</u>
9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired: Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired: Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>	
11. BIRTHPLACE (State or foreign country) <u>Des Moines, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Long</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Green</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased Mrs. Adaline Long 3-19-52</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alva Long, Wichita, Kansas</u>		17. ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Degenerative Disease</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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"/>			
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) <u>St. Joseph, Mo.</u>			
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 <u>5-13</u> , 19 <u>53</u> , to <u>1-6-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-5-</u> , 19 <u>54</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D.</u>		23b. ADDRESS <u>2801 Sacramento St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>1/8/54</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>(removal)</u>		24b. DATE <u>January 8-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rouse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Darlington, Missouri.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jan 13, 1954 Esther M. Allison</u>		25. ADDRESS <u>Meierhoffer Fleman St. Joseph, Mo.</u>	

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 *Albert E. Harrington*

Licensed Embalmer No. *3258*

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.