

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5599

BIRTH NO. <u>FUF FEB 23 1954</u>		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>5852</u>	Registrar's No. <u>70</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY OR TOWN <u>Ravenwood - rural</u>		c. CITY OR TOWN <u>Maryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>215 1/2 West 7th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles northwest</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HARRY</u>	b. (Middle) <u>EDWIN</u>	c. (Last) <u>LONG</u>
4. DATE OF DEATH		(Month) <u>2</u>	(Day) <u>15</u>	(Year) <u>54</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/22/1920</u>	9. AGE (In years last birthday) <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bolckow, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Homer Long</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Ruddle</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita Kenny Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>486-32-3504</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Long, Jr., Lebanon, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rock truck accid drowning</u>		DUPLICATE		<u>immediate</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <u>no operations</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jackson 11 Nodaway Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maryville Nodaway Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-15-54 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>collapse of bridge over creek while in local truck. (Rock Truck)</u>	
22. I hereby certify that I attended the deceased from <u>not attended</u> Feb. 15, 1954, that I last saw the deceased alive on <u>not seen</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. L. Deane 3</u> Coroner		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>2-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>	24d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-20-54</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3

MAR 16 1955

VS APR 8 1960

MAR

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.....  
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. 420

P. O. Address *Maryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.