No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9463

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
c. LENGTH OF STAY (In this place): 11 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 W. MONROE ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 0693
d. STREET ADDRESS (If rural, give location): 411 W. MONROE ST.

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) CLAY c. (Last) LONG
4. DATE OF DEATH (Month) (Day) (Year): 3-23-1954
5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: SEPT 4 1865
9. AGE (In years last birthday): 88 — If under 1 year: Months 6, Days 19 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: ISAC LONG
13b. MOTHER'S MAIDEN NAME: MARTHA HOWELL
14. NAME OF HUSBAND OR WIFE: LAURA WEST 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: LUCILLE LONG ADDRESS: PARIS, MO.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — Interval between onset and death: 5 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — N.K.

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: 331X
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* Mar 19, 1954, *to* Mar 23, 1954, *that I last saw the deceased alive on* Mar 22, 1954, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo W. Bergstrale (Degree or title) M.D.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 3-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/25/54
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO

DATE REC'D BY LOCAL REG.: 3.25.54
REGISTRAR'S SIGNATURE: 435. J. A. Barnett M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Spaedt & Bishop By E. Hagman
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address [redacted]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.