

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **10844**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>18 years</b>		d. STREET ADDRESS (If rural, give location) <b>836 East Eastwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Blosser Home For Aged Women</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cornelia</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Long</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 22, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>February 7, 1864</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Marshall, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Galbreth Long</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Judith Kirby</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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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 <b>Blosser Home Records Marshall, Mo.</b>	ADDRESS <b>Marshall, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) 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"/>
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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)
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 **Feb. 27, 1954, to March 22, 1954** that I last saw the deceased alive on **Mar 22 1954**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Arthur A. Haynes M.D.</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>3/22/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-25-54</b>	REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>MARSHALL, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
9724  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.