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FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17645

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico Rural Duck Creek T.S.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Lester		c. (Last) Longgrear	
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 54		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 2 1883		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired R.R.		11. BIRTHPLACE (State or foreign country) Fredricks town Mo, 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Longgrear		13b. MOTHER'S MAIDEN NAME Beda Eaves	
14. NAME OF HUSBAND OR WIFE Pearl Longgrear		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Pearl Longgrear		ADDRESS Puxico Mo,			
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, asthma, etc.: It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>	
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)		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 _____, 1946 to 5-21, 1954, that I last saw the deceased alive on 5-21, 1954 and that death occurred at 11:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Shumpert (Degree or title)			23b. ADDRESS Puxico Mo		23c. DATE SIGNED 5/22/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-23-54		24c. NAME OF CEMETERY OR CREMATORY Puxico	
24d. LOCATION (City, town, or county) (State) Puxico Missouri,		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service		ADDRESS Puxico Mo	
DATE REC'D BY LOCAL REG. 6/5/54		REGISTRAR'S SIGNATURE Pearl Reed		490	

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

AUG 5 1957

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depler, 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.