

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1954

BIRTH NO. 124 REC. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN VALLES MINES	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		e. STREET ADDRESS (If rural, give location) STAR ROUTE 0940	

3. NAME OF DECEASED (Type or Print) ROBERTA LEE LONG	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 21, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 23, 1947	9. AGE (In years last birthday) 6	# UNDER 1 YEAR Months 8	# UNDER 24 HRS. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RUSSELL LONG	13b. MOTHER'S MAIDEN NAME AVA DRUM	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS AVA LONG, VALLES MINES MO.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis	DUE TO (b) Laceration of stomach		2 days
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c) Laceration of liver		2 days
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			2 days

19a. DATE OF OPERATION 7-19-54	19b. MAJOR FINDINGS OF OPERATION Laceration of stomach and liver.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT- <input checked="" type="checkbox"/> SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 094 (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P) July 19 1954 6 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck
---	---	---

22. I hereby certify that I attended the deceased from **7-19, 1954**, to **7-21, 1954**, that I last saw the deceased alive on **7-21, 1954**, and that death occurred at **1:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Dr. A. O.	23b. ADDRESS Bonne Terre, Missouri	23c. DATE SIGNED 7-24-54
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 24, 1954	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) FLAT RIVER MO
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. July 24, 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Bonne Terre, Mo
---	--	---	--------------------------------

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.....
Signature of Student Embalmer

Signed *C. J. Claywell*

Licensed Embalmer No. *3704*

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