

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26139**BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill b. COUNTY JURTON		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Astoria Ill		d. STREET ADDRESS (If rural, give location) RR 2
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			81208		

3. NAME OF DECEASED (Type or Print) Harry K. Long			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9 1954		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
			DATE OF BIRTH 6-15-1893	9. AGE (In years last birthday) 61	10. IF UNDER 18: Hours Days Weeks Months Years Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) BADER Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHARLES LONG		13b. MOTHER'S MAIDEN NAME MAY STAMBACK		14. NAME OF HUSBAND OR WIFE Nellie Long	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ↓	16. SOCIAL SECURITY NO. ↓	17. INFORMANT'S SIGNATURE OR NAME Laughlin Hospital Record Kirksville Mo ADDRESS. Hospital			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) "Crush" type injury of chest associated with fracture of ribs		DUPLICATE (b) right femur and lacerations of chin, right elbow, knees, etc			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.		DUPLICATE (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 8-8-54	19b. MAJOR FINDINGS OF OPERATION Repair extensive lacerations Open reduction of comminuted fracture right femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 130		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) east of Lancaster, Mo. Schuyler Co. Mo. 098	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 8 54 5:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on auto accident			

22. I hereby certify that I attended the deceased from **8-8-54 19**, to **8-9-54 19**, that I last saw the deceased alive on **8-9-54 19**, and that death occurred at **11:28 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Laughlin D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 8-10-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 10 1954	24c. NAME OF CEMETERY OR CREMATORY Astoria	24d. LOCATION (City, town, or county) (State) Astoria Ill		
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DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Morchard & Norman	ADDRESS Lancaster, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

SEP 7

Pa.

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 *Minnie Morehead*

Licensed Embalmer No. *3680*

P. O. Address *Lancaster*

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

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