

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26764

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>5427</u>		Registrar's No. <u>146</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN <u>Rural (Calney Twp.)</u>		c. LENGTH OF STAY (in this place) <u>78 yrs</u>		c. CITY OR TOWN <u>Rural (Calney Twp.)</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Catawissa, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Catawissa</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Catawissa, Mo</u>					
3. NAME OF DECEASED (Type or Print) <u>MATTIE LONGCRE</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1954</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 29, 1866</u>		9. AGE (In years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Edward Longacre</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Shannon</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Longacre, Catawissa, Mo</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypostatic Pneumonia 4 days</u>					
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 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) (Min) _____		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 <u>Aug 9, 1954</u> , to <u>Aug 10, 1954</u> , that I last saw the deceased alive on <u>Aug 9, 1954</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above. <u>St. Louis</u>									
23a. SIGNATURE (Degree or title) <u>C. S. Puffer D.O.</u>				23b. ADDRESS <u>Pacific Missouri</u>				23c. DATE SIGNED <u>Aug 11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>		24d. LOCATION (City, town, or county) <u>Catawissa, Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>Aug. 14-54</u>		REGISTRAR'S SIGNATURE <u>Mary B. Grass</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. J. Thiele</u>		ADDRESS <u>Pacific Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 *Geo. L. Thibbes*  
Licensed Embalmer No. *3008*

P. O. Address *Pacific*

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.