

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31978**
Registrar's No. **8265**

FILED SEP 21 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3301 Pestalozzi St.		d. STREET ADDRESS (If rural, give location) 3301 Pestalozzi St.	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) H. c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1954
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1887
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (retired)	10b. KIND OF BUSINESS OR INDUSTRY Teaching
11. BIRTHPLACE (City and State or Foreign Country) Wellsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Long	13b. MOTHER'S MAIDEN NAME Louise Barker	14. NAME OF HUSBAND OR WIFE Jessie Ramsay Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Long - 3301 Pestalozzi St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterio-sclerotic cardio-vascular disease with myocardial degeneration		
ANTECEDENT CAUSES	due to (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4221

22. I hereby certify that I attended the deceased from March, 1953, to 7 Sept., 1954, that I last saw the deceased alive on 7 Sept., 1954, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert S. Nye, M.D.	(Degree or title)	23b. ADDRESS 3201 Arsenal St., St. Louis	23c. DATE SIGNED 7 Sept. 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri

DATE REC'D BY LOCAL REG. SEP 8 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McWacker-Selderle-3634 Gravois Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embellisher's Statement on Reverse Side)

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 _____

Frank J. Dyland Sr.

Licensed Embalmer No. *48675*

P. O. Address *St Louis 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.