

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

32849

State File No.

| | | | | | | | |
|---|----------------------------------|---|---|---|---|---|------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 360 | | PRIMARY REG. DIST. NO. 6231 | | Registrar's No. 177 | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon Co.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -Richland</u> | | c. LENGTH OF STAY (In this place) <u>Life time</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Metz -Richland -Rural</u> | | 1080 0 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Pac. Right of way track</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) <u>Florence</u> c. (Last) <u>Longbaugh</u> | | | 4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>15</u> (Year) <u>1954</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 14, 1899</u> | | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Metz, Vernon Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Alonza Oscar Steele</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emily March Ford</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas J. Longbaugh</u> | | | |
| 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 <u>T. J. Longbaugh Metz Mo</u> | | | |
| 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) <u>multiple fractures of the skull, crushed</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>body, internal injuries.</u> DUE TO (c) <u>Killed instantly, when hit</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>and run over by passenger train #25</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad track</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Verdict of coroners jury "accidental death"</u> (STATE) <u>MO</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-15-54 9:10</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Struck by train killed instantly</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:10 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Walter D. Thurman, Coroner</u> | | | (Degree or title) | | 23b. ADDRESS <u>Nevada, Missouri</u> | | 23c. DATE SIGNED <u>9-16-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/17/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Proyer Creek Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Metz, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-17-54</u> | | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | 451-1 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son Schell City, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1080
030

MAR 2 1958

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

working under my personal supervision.

Student Embalmer No.....

Signed

John G. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. *4774*

P. O. Address *Schell City*

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.