

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36400

State File No. 128
Registrar's No. 128

| | | | | | | | | | |
|--|--|--|--|---|--|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>4</u> | | PRIMARY REG. DIST. NO. <u>Roll</u> | | Registrar's No. <u>128</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u> | | c. LENGTH OF STAY (In this place) <u>9 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u> | | d. STREET ADDRESS (If rural, give location) <u>0030</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MADISON</u> c. (Last) <u>LONG</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30, 1954</u> | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>May 27, 1862</u> | | | |
| 9. AGE (In years last birthday) <u>92</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret'd farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Jasper Long</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dehaura Ann Giddens</u> | | | |
| 13a. FATHER'S NAME <u>Jasper Long</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dehaura Ann Giddens</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy Long</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | |
| 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>Callie Clark</u> | | ADDRESS <u>Tarkio, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | | | ANTECEDENT CAUSES | | | | | |
| DUE TO (b) _____ | | | | 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 | | 1201 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 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>11/30/54</u> , 19 <u> </u> , to <u>11/30/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>none</u> , 19 <u> </u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ed Wiedemeyer M.D.</u> | | | | 23b. ADDRESS <u>Tarkio, Mo.</u> | | 23c. DATE SIGNED <u>12/1/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/1/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jerico Springs, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG <u>Dec 8, 1954</u> | | REGISTRAR'S SIGNATURE <u>Harvin H. Schaefer</u> | | 443 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u> | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frost A. Browning

Signed.....
Student Embalmer

Licensed Embalmer No.....3338.....

P. O. Address.....Tarkio, 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.