

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36939

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>1018 William St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So East Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1018 William St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u>		b. (Middle) <u>G</u>		c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 15, 1886</u>	
9. AGE (In years) <u>68</u>		If UNDER 1 YEAR Months <u>7</u> Days <u>0</u>		If UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Idan-HA Hotel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Long</u>		13b. MOTHER'S MAIDEN NAME <u>Pernecie Lawson</u>		14. NAME OF HUSBAND OR WIFE <u>Maude 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>		16. SOCIAL SECURITY NO. <u>497-10-7090</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Long Cape Girardeau 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arterio sclerosis 1 yr -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (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>11-5</u> , 19 <u>54</u> , to <u>11-15</u> , 19 <u>54</u> that I last saw the deceased alive on <u>11-15</u> , 19 <u>54</u> , and that death occurred at <u>1:25 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. H. Haug</u>				23b. ADDRESS <u>247 Spring</u>		23c. DATE SIGNED <u>11-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 17 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russel High Comt</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Haug</u> ADDRESS <u>Cape Girardeau Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed L. J. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau 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.