No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38093

BIRTH NO. FILED DEC 2 1954 REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Danville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN Danville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Ray
c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year) November 30, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH May 26, 1897
9. AGE (In years last birthday) 57 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Long
13b. MOTHER'S MAIDEN NAME Bertha Wells
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY 488-24-5893
17. INFORMANT'S SIGNATURE OR NAME Mrs Geo. D. Love — ADDRESS Box 162 Vandalia Mo

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) INTERNAL Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) TRAUMATIC INJURIES
DUE TO (c) Received from Automobile White walking across Road

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E8124 25
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US. Highway 40 & 29
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DANVILLE ON Montgomery Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 29 1954 5:15 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck By Passing auto

22. *I hereby certify that I* ~~attended~~ VIEWED *the deceased from* 29 NOV, 1954, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clement W Lennert DDS Coroner
23b. ADDRESS Montgomery City Mo
23c. DATE SIGNED 30 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 1, 1954
24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.

DATE REC'D BY LOCAL REG. 12-1-54
REGISTRAR'S SIGNATURE Joselin MD 207-0
25. FUNERAL DIRECTOR'S SIGNATURE Schlanker Funeral Home — ADDRESS Montgomery City, Mo.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..E. Boone Schlanker

Licensed Embalmer No. 413

P. O. Address Montgomer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.