

no. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2163

State File No. ....

FILED JAN 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6016 Registrar's No. 111

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Silver Creek Twp.</u> | c. LENGTH OF STAY (in this place) <u>34 yrs.</u> | c. CITY OR TOWN <u>Silver Creek Rural-Township</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Roanoke</u>   |  | STREET ADDRESS (If rural, give location) <u>near Roanoke</u> <u>0880</u>   |   |

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|--|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joe</u> b. (Middle) <u>C.</u> c. (Last) <u>Long</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>January 10 1955</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>December 14, 1878</u> | 9. AGE (In years last birthday) <u>76</u> | 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) <u>farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>                | 11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |   |   |

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|---|--|---|
| 13a. FATHER'S NAME <u>James Milton Long</u>                                 | 13b. MOTHER'S MAIDEN NAME <u>Mary E. March</u> | 14. NAME OF HUSBAND OR WIFE <u>Nora E. Long</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u>            | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Nora E. Long; R#1; Roanoke, Missouri</u> |

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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hour</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic heart disease on known</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

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| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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 Jan 1, 1954, to Jan 10, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

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|--|------------------------------------|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>Francis J. Dean, M.D.</u> | 23b. ADDRESS<br><u>Rayeth, Mo.</u> | 23c. DATE SIGNED<br><u>1-14-55</u>                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>          | 24b. DATE <u>1-12-1955</u>         | 24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u> |

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|--|-----|---|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>1-18-55</u> <u>Mary H. Bentley</u> | 482 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J.B. Patton &amp; Sons, Huntville, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Paul J. Patton*.....

Licensed Embalmer No. *40*.....

P. O. Address *Huntsville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.