

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1955

State File No. 5557

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>40</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY, <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u> <u>0</u>				• STREET ADDRESS (If rural, give location) <u>1606 Harrison Hill</u>				<u>0648</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles A.</u> b. (Middle) _____ c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 8, 1955</u>						
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 26, 1880</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Riverview Lodge</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Elias Long</u>			13b. MOTHER'S MAIDEN NAME <u>Harriett Bassett</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Marie Vaught</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>Mrs. Charles A. Long</u>				ADDRESS <u>Hannibal Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  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				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)		<u>4201</u>			
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>Feb 4</u> , 19 <u>55</u> , to <u>Feb 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 8</u> , 19 <u>55</u> , and that death occurred at <u>10:50P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (D, M, or title) <u>0</u>				23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>Feb 9/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-11-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Just</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>By Mc Fisher</u> ADDRESS <u>Hannibal Missouri</u>				

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

RECEIVED FEB 15 1955  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 15 1955

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 *H. C. [Signature]*.....

Licensed Embalmer No....3814

P. O. Address ..Hannibal, Mis

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.