

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10665

State File No. ....

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write BURAU and give township) OR TOWN <u>Queen City</u>		c. CITY OR TOWN <u>Queen City</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>0980</u>	
3. NAME OF DECEASED a. (First) <u>BLAKE</u> b. (Middle) <u>CHEO</u> c. (Last) <u>LONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14 55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Harvey Long</u>	
13b. MOTHER'S MAIDEN NAME <u>Mrs. Opha Kays</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nora Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>World War I</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl L. Wilson</u>		ADDRESS <u>4201</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteritis</u> Conditions contributing to the death but not related to the disease or condition causing 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>8/23</u> , 19 <u>50</u> , to <u>3/14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>55</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.	
22. SIGNATURE <u>Edward M. Roberts, M.D.</u> (Degree or title)		23. ADDRESS <u>Queen City, Mo.</u>	
23. DATE SIGNED <u>3/18/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 20 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Queen City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll B. Drake</u>	
DATE REC'D BY LOCAL REG. <u>3.18.55</u>		REGISTRAR'S SIGNATURE <u>Carroll B. Drake</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll B. Drake</u>		ADDRESS <u>Home Queen City, Mo.</u>	

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

VS JAN 20 1960

JAN 22 1960

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 *Jack L. Doherty* ..... Licensed Embalmer No. *461*

P. O. Address *Quincy, Ill.*

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.