

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10701

State File No. _____

FILED APR 1 1955

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location) ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN			

3. NAME OF DECEASED (Type or Print) CHARLES ROY LONG			4. DATE OF DEATH MARCH 19 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JANUARY 6 1936		9. AGE (In years last birthday) 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ROY A. LONG		13b. MOTHER'S MAIDEN NAME JOSEPHINE LAWSON		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROY A. LONG		ADDRESS ORAN, MO	
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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) <i>Broncho pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days per hist.</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
	II. OTHER SIGNIFICANT CONDITIONS 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) ORAN		21d. (COUNTY) SCOTT		21e. (STATE) MO	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
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22. I hereby certify that I attended the deceased from 3/17 1955, to 3/18 1955, that I last saw the deceased alive on 3/18, 1955, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>T. T. O'Neil</i> (Deputy or title)		23b. ADDRESS Oran, Mo.		23c. DATE SIGNED 3/22/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 21 1955	24c. NAME OF CEMETERY OR CREMATORY FRIEND	24d. LOCATION (City, town, or county) ORAN (State) MO.		
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DATE REC'D BY LOCAL REG. 3-24-55	REGISTRAR'S SIGNATURE <i>Mrs. Freda Bergling Lopez</i> 445	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl J. Smith</i> ADDRESS ORAN, MO.			
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 28 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 255-72

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Carl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Orem, 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.