

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11441**

FILED MAY 6 1955

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5378 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>DeKalb. Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb. Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rurak. King City 7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City. R.R. Polk Twnship.</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1/2 Mi. So. King City.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home King City R.R.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William Francis</u>	b. (Middle) <u>Long.</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3. 25. 1955</u>
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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>7.31.1880</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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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>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Ridgeway Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Lee Long</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gannan</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie B. Long.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie B. Long</u> ADDRESS <u>King City Mo. R.R.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> 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"/>
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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>
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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?
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22. I hereby certify that I attended the deceased from 3/25 1955, to 3.25.1955, that I last saw the deceased alive on 3/25, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Blacklock</u> (Degree or title)	23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>3.26.55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3.27.1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-20-55</u>	REGISTRAR'S SIGNATURE <u>Ronald Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. H. Taggart</u> ADDRESS <u>King City Mo.</u>
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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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R. L. Faggart*

Licensed Embalmer No. 2563

P. O. Address King City 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.