

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14658

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Columbia	c. LENGTH OF STAY (In this place) 19 yrs	c. CITY OR TOWN Rural	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 Boone County Infirmary		STREET ADDRESS (If rural, give location) 4 Mi. North of Columbia, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Lila b. (Middle) _____ c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12/2/1885		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME R. D. Long		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Never Married	
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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. ---		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Marshall, Mo.		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 7 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) t					
	DUE TO (c) v					
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) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 491X	
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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 May 8, 1955 to May 15, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE F. C. Suggers M.D. (Degree or title)		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 5-16-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah	24d. LOCATION (City, town, or county) (State) Sturgeon, Mo.		
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DATE REC'D BY LOCAL REG. May 17 1955		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Memorial Funeral Home		ADDRESS Columbia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Lynman Spink*

Licensed Embalmer No. *401*

P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.