

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32198**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 291					
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (in this place) 4 wks		c. CITY OR TOWN Prairie Home		d. Is 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 Schmitz Nursing Home				e. STREET ADDRESS (If rural, give location) 0270							
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Bornhauser			c. (Last) Longan			4. DATE OF DEATH (Month) (Day) (Year) 11 1 55		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec 9 1877		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Pisgah, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Bernard Bornhauser			13b. MOTHER'S MAIDEN NAME Caroline Schaaf			14. NAME OF HUSBAND OR WIFE James Longan (deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. G. Green Columbia, Mo.						
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) Cerebral arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH Unknown		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 334X							
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) (COUNTY) (STATE)						
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?						
22. I hereby certify that I attended the deceased from 9-18, 1955 , to 11-1, 1955 that I last saw the deceased alive on 10-31, 1955 , and that death occurred at 1:15 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Roland P. Stedeman MD					23b. ADDRESS Columbia Mo			23c. DATE SIGNED 11-2-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-3-55		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery			24d. LOCATION (City, town, or county) (State) Kleiver, Mo.				
DATE REC'D BY LOCAL REG. Nov. 2 1955		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James W. Spradley, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Lynna Spunkle*

Licensed Embalmer No. *401*
P. O. Address *Columbia*

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