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FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32344

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 1149

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Crawford Twp.</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>1601 N. 2nd St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U.S. Highway No. 71</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>Lee</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1955</u>		
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>March 17, 1934</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House painting</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Long</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Merritt</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Long</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-34-0890</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Sansone</u>	ADDRESS <u>1601 N. 2nd.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatal chest injury</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Being struck by an automobile</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>8/24/25</u>		
11. OTHER SIGNIFICANT CONDITIONS <u>Man was killed when stuck by an automobile on U.S. Highway # 71</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 <u>1 1/2 Miles south of Faucett, Mo.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>U.S. Highway # 71</u>	21c. (City, town, or township) (COUNTY) (STATE) <u>Crawford Buchanan Missouri</u>
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>Oct. 27, 1955 10:45 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Man was struck by an automobile</u>

22. I hereby certify that I ~~viewed~~ viewed the deceased ~~on~~ on Oct. 28, 1955 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mundy M.D.</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>St. Joseph, Mo. 2801 Sacramento</u>	23c. DATE SIGNED <u>Oct. 28, 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 29, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 31, 1955</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u> ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1957

DEC 20 1957

JUN 16 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. A. Clark

Licensed Embalmer No.

P. O. Address *Alford*

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