

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. **12066**

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 4501		Registrar's No. 14			
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). --a. STATE Missouri b. COUNTY Stoddard					
b. CITY OR TOWN Bloomfield		c. LENGTH OF STAY (in this place) 15yr		c. CITY OR TOWN Bloomfield		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 St. Ann Longo				e. STREET ADDRESS (If rural, give location) 1020					
3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) Longo c. (Last) House			4. DATE OF DEATH (Month) (Day) (Year) mar 24 1956						
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-14-1876			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 4 Days 10		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) Mineral Point Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Rang House		13b. MOTHER'S MAIDEN NAME Nancy Dowling		14. NAME OF HUSBAND OR WIFE Rushie House					
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 ADDRESS Mrs A L House Bloomfield 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				INTERVAL BETWEEN ONSET AND DEATH 4 Day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart				DUE TO (b) Cardiac hemorrhage					
- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Arterio Sclerosis of Heart					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Arteriosclerosis					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 331X		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21c. 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) (Min) _____		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 3-10 , 19 56 to 3-24 , 19 56 , that I last saw the deceased alive on 3-20 , 19 56 , and that death occurred at 6:00 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) S. S. Hairs M.D.				23b. ADDRESS Deater		23c. DATE SIGNED 4-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-1956		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Stoddard Co. Mo			
DATE REC'D BY LOCAL REG. 4-12-56		REGISTRAR'S SIGNATURE Laird C. Mooney		25. FUNERAL DIRECTOR'S SIGNATURE Flora Morgan		ADDRESS Puxia Mo			

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 *W^m H. Morgan*.....

Licensed Embalmer No. *46*.....

P. O. Address *Advance*.....

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.