

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27602

State File No. _____

FILED AUG 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5739</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL Richland</u>		c. LENGTH OF STAY (In this place) <u>35 years</u>		c. CITY OR TOWN <u>LAPLATA</u>		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				e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u>		b. (Middle) <u>CUSTER</u>		c. (Last) <u>LONGFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24th 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24-1894</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>3</u>		11. IF UNDER 1 YEAR Days <u>NO</u>		12. IF UNDER 24 HRS. Hours <u>NO</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Deeridge MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eugene Longfield</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth West</u>		14. NAME OF HUSBAND OR WIFE <u>ADA LONGFIELD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Longfield</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3 yrs</u>	
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) <u>332X</u>			
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 <u>Jan 1, 1953</u> , to <u>July 24, 1956</u> , that I last saw the deceased alive on <u>July 24, 1956</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (In free or full) <u>Harold N. ...</u>				23b. ADDRESS <u>L. Plata Mo.</u>		23c. DATE SIGNED <u>7-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laplata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laplata MO</u>	
DATE REC'D BY LOCAL REG. <u>8/1/56</u>		REGISTRAR'S SIGNATURE <u>W. M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>		ADDRESS	

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

185-0

County File
Date Filed

8. 14. 54

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 *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.