U.S. No. 300
Rev. 10.48

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

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30176

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty
c. LENGTH OF STAY (In this place) 2½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) I.O.O.F. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN Jerico Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) P c. (Last) LONGACRE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 13-56

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 17-1874

9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY U.S. Postoffice

BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J.K. Longacre

13b. MOTHER'S MAIDEN NAME unk

14. NAME OF HUSBAND OR WIFE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME I.O.O.F. Home Records ADDRESS Liberty 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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 177X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1956, *to* Sept 13, 1956, *that I last saw the deceased alive on* Sept 13, 1956 *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. H. Goodson

23b. ADDRESS Liberty Mo

23c. DATE SIGNED 9/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 14-56

24c. NAME OF CEMETERY OR CREMATORY Anna Edna

24d. LOCATION (City, town, or county) Jericho Springs (State) Mo.

DATE REC'D BY LOCAL REG. 9-15-56

REGISTRAR'S SIGNATURE Mabel Graham

25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co. ADDRESS Liberty Mo.

(Licensed Embalmer's Statement on Reverse Side)

491-0

RECEIVED
SEP 17 1956
CLAY CO.,
HEALTH CENTER

SEP 25 1956

SEP 24 1956

NOV 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 448...

P. O. Address.....

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