

Health, Welfare, Public Service

XC # 932 94 57  
SL # 6404

167 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
FILED JUL 1.6 1957

26323  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5378

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN BALLWIN 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. A.M. HOSP.		d. STREET ADDRESS 8 VICTOR COURT	

3. NAME OF DECEASED (Type or print) First Middle Last CLAYTON A LONGTON			4. DATE OF DEATH Month Day Year 6-7-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-30-23	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) NORTHBRIDGE, MASS.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ARTHUR LONGTON			14. MOTHER'S MAIDEN NAME EVELYN BRYANT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW 11 021-16-8351	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 30 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Amyloid nephrosis	(?)
	DUE TO (c) Pulmonary tuberculosis	8 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from 1-14-57 to 6-7-57 and last saw him alive on 6-7-57		
Death occurred at 10:05 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE R. W. Burmeister (Degree or title)	22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 6-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-10-57	23c. NAME OF CEMETERY OR CREMATORY Mendon Cemetery	23d. LOCATION (City, town, or county) (State) Mendon, Mass.
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. JUN 10 '57	26. REGISTRAR'S SIGNATURE Karl Smith

(Licensed Embalmer's Statement on Reverse Side)

300  
1-58

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mgs

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 Richard Bopp

Licensed Embalmer No. 45

P. O. Address Ballwin

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.