

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3232

STATE FILE NUMBER

922

FILED FEB 6 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 922

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) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Illinois b. COUNTY Madison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf. 34 Length of stay in 1b 2 weeks		c. CITY OR TOWN Eagle Park Acres Madison Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		d. STREET (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ADDRESS 583 Mary Street 32	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last WILLIAM CLEVELAND LONG			Month Day Year Jan. 23, 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laclede Steel Co.		11. BIRTHPLACE (City and state or country) Fort Gaines, Ga. / 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LACY LONG			14. MOTHER'S MAIDEN NAME JOSEPHINE (Unknown)		
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 Nellie Long 583 Mary Street Madison, Ill.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardioresenal Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 442x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from 1-7-58 to 1-23-58 and last saw him alive on 1-23-58. Death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. B. Smith, M.D.		22b. ADDRESS 111 Jefferson St. Rock Island, Ill.	
22c. DATE SIGNED 1-24-58			

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/24/58		23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
24. FUNERAL DIRECTOR Harold Officer 2117 E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. JAN 25 1958		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

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

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 *Frank Prohoff*.....

Licensed Embalmer No. *43*

P. O. Address *A. Lewis*

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.