

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019000

STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 189

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE: (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b> <b>0644</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		Length of stay in 1b <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>1910 Market</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GROVER CLEVELAND LONGMIRE</b>			4. DATE OF DEATH Month Day Year <b>June 7, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>November 21, 1884</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days <b>6 16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and state or country) <b>Gloster Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Scott D. Longmire</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Pomeroy Huff</b>	
14. NAME OF HUSBAND OR WIFE <b>Effie Longmire</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Grover C. Longmire</b>		Address <b>Hannibal Missouri</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>fracture of right patella</b> DUE TO (c) <b>9035 44</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Fell on street</b>	
20c. TIME OF INJURY Hour a.m. <b>5-23-58</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Hannibal, Marion Mo.</b>		20g. COUNTY <b>Marion</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>5-23-58</b> to <b>6-7-58</b> and last saw her/him alive on <b>6-7-58</b> Death occurred at <b>5:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Hannibal Mo.</b>	
22c. DATE SIGNED <b>June 7/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6/10/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		23d. LOCATION (City, town, or county) <b>Hannibal Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>W. Crawford Smith, Hannibal Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-10-1958</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**RECEIVED** JUN 11 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUN 11 1958

**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. Crawford Smith* .....

..... Licensed Embalmer No. 7814.....  
P. O. Address..... Hannibal, Miss.

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.