

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026320

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 227 Primary Registration District No.

4340

Registrar's No. 43

S. 300  
7-1-57

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MONROE</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>STOUTSVILLE</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>STOUTSVILLE</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Stoutsville, Mo</b>   |                                  | Length of stay in lb<br><b>75 YRS</b>   | d. STREET<br>ADDRESS<br><b>Stoutsville, Mo</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>HARRY</b> Middle <b>HOMER</b> Last <b>LONG</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>AUGUST</b> Day <b>1st</b> Year <b>1958</b>   |  |  |
| 5. SEX<br><b>MALE 0</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>SEPTEMBER 14, 1882</b>   | 9. AGE (In years last birthday)<br><b>75</b>   | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>18</b><br>IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CONSTRUCTION (RET.)</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HIGHWAY DEPT.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>MONROE COUNTY, MISSOURI. 0</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>JOSEPH W LONG</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>GLORIA BUSH</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>MARY B LONG</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><i>Paul Long</i> Address <i>Pittsfield, Ill</i>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary heart Disease</b>   |                                  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2. 1/2 hr.</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>0</b> |  |
| 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<br>Hour _____ 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. I attended the deceased from <u>June 3, 1947</u> to <u>Aug. 1, 1958</u> and last saw him alive on <u>July 26, 1958</u><br>Death occurred at <u>645 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><i>F. H. Barnett, M.D. 0</i>   |                                  |   | 22b. ADDRESS<br><i>Paris, Mo.</i>   |  | 22c. DATE SIGNED<br><i>Aug. 4, 1958</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 23b. DATE<br><b>8-4-1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>STOUTSVILLE CEMETERY</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>STOUTSVILLE MISSOURI.</b>                          |
| 24. FUNERAL DIRECTOR<br><i>Wilson &amp; Sons</i>   |                                  | ADDRESS<br><b>MONROE CITY, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-4-58</b>  | 26. REGISTRAR'S SIGNATURE<br><i>F. A. Barnetson</i>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

AUG 19 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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Monroe City, Mo.....

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.