

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 4 1960 RN: 4-1577 C#-151 77 755

Registration District No. 43 Primary Registration District No. 3007

Registrar's No. 617

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 48 days	c. CITY OR TOWN ALTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 1, Box 159		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First STANLEY Middle HILLARY Last LONG			4. DATE OF DEATH Month December Day 12 Year 1959				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-11-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTRY		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and state or country) PORTAGEVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM L. LONG		13b. MOTHER'S MAIDEN NAME ORL BAYNE		14. NAME OF HUSBAND OR WIFE DIVORCED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION.					12 Hours		
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE.					Unknown		
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).					PART III. If deceased was female was there a pregnancy in last 90 days.		
1. STENOSING DUODENAL ULCER WITH HEMORRHAGE - OPERATED.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
2. CHRONIC ARTHRITIS.							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 VA OCTOBER 25, 1959 to DECEMBER 12, 1959 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. W. Gaskins</i> C. W. GASKINS, M.D. Chief, Surg. Svc.			22b. ADDRESS VAH., Poplar Bluff, Mo.		22c. DATE SIGNED 12-14-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery		23d. LOCATION (City, town, or county) Portageville Missouri		(State)	
24. FUNERAL DIRECTOR DeLisle Funeral Home		ADDRESS Portageville, No.	25. DATE RECD. BY LOCAL REG. 12/24/59	26. REGISTRAR'S SIGNATURE <i>R. Ametree</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Joseph A. Schuler
Licensed Embalmer No. 4781

P. O. Address St. Ignace

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.