

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044994

STATE FILE NUMBER

27
DED

Registration District No. <u>1</u>		Primary Registration District No. <u>3000</u>		Registrar's No. <u>363</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Hurdland</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>BREECE</u> Middle <u>(nmn)</u> Last <u>LONG</u>			4. DATE OF DEATH Month <u>December</u> Day <u>7</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-16-97</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Feed & Grain business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed & Grain Business</u>		11. BIRTHPLACE (City and state or country) <u>Knox County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>America</u>	
13a. FATHER'S NAME <u>Jackson Long</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Barnhill</u>		14. NAME OF HUSBAND OR WIFE <u>Elva Dee Long</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT Address <u>Hospital Record Kirksville, Missouri</u>				
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 <u>30 days</u>	
IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>						
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) <u>Pneumonia</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m.	Month, Day, Year _____	_____				
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	COUNTY	STATE		
21. I attended the deceased from <u>11. 7 1960</u> , to <u>12. 7. 1960</u> and last saw ^{her} him alive on <u>12. 7. 1960</u> Death occurred at <u>12:05 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Milton T. Engler, M.D.</u>			22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>12.8.60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9 Dec '60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brashear Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Brashear, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>HUDSON-RIEGER FUNERAL HOME Pdina, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-22-1960</u>	26. REGISTRAR'S SIGNATURE <u>Wesley R. Ratliff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MILTON T. ENGLISH, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by James W. Primer, Student Embalmer No. 610

working under my personal supervision.

Student James W. Primer
Signature of Student Embalmer

Signed J. W. Primer

Licensed Embalmer No. 5041

P. O. Address Edina, MN

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.