ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021964
STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 29

FILED JUN 20 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 415 W. Bates — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Wellsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 415 W. Bates — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DANIEL Middle BARKER Last LONG

4. DATE OF DEATH Month June Day 7, Year 1961

5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec. 30, 1882
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months 5 Days 7 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY general farming
11. BIRTHPLACE (City and state or country) Montgomery Co, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John H. Long
13b. MOTHER'S MAIDEN NAME Louisa Barker
14. NAME OF HUSBAND OR WIFE Mittie Barnes Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Gene Long, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 2, 1961, to June 7, 1961 and last saw ~~her~~ him alive on June 7, 1961
Death occurred at 10 Am. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. Bedford MD
22b. ADDRESS Wellsville Mo
22c. DATE SIGNED 6/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE June 10, 1961
23c. NAME OF CEMETERY OR CREMATORY Wellsville
23d. LOCATION (City, town, or county) (State) Wellsville, Mo

24. FUNERAL DIRECTOR ADDRESS Howard F. Myers, Wellsville, Mo.
25. DATE RECD. BY LOCAL REG. 6-8-1961
26. REGISTRAR'S SIGNATURE Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.