

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37418

FILED DEC 5 1955		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 584	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Brookfield Mo</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Linneus</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Switzer Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>0580</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u>		b. (Middle) <u>Lewis</u>		c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29/1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED-NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED, <input type="checkbox"/> (Specify)		8. DATE OF BIRTH <u>March 26-1880</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR <u>8</u> MONTHS <u>3</u> DAYS		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis Long</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Harems</u>		14. NAME OF HUSBAND OR WIFE <u>Cordia Long (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Velma Brown</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>331X</u> 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 29</u> , 19 <u>55</u> , to <u>Nov. 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 29</u> , 19 <u>55</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Bohman</u>		(Degree or title) <u>md</u>		23b. ADDRESS <u>211 Fern Brookfield Mo</u>		23c. DATE SIGNED <u>12/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Linneus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-3-55</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Brothers</u>		ADDRESS <u>Linneus Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1956

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.....
Licensed Embalmer No. 395
P. O. Address.....

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.