

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015029

FILED VS MAY 9 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 132 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		a. STATE Mo.		b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 216 West Jefferson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First Charles		Middle Gilbert		Last Long		Month May			
						Day 4			
						Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 11, 1907			
						9. AGE (last birthday) 52			
						IF UNDER 1 YEAR IF UNDER 24 HR Month 12 Days 23 Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Navy Officer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Clinton, Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Fred L. Long			13b. MOTHER'S MAIDEN NAME Minnie Gates			14. NAME OF HUSBAND OR WIFE Mary M. Long			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2			16. SOCIAL SECURITY NO. 193-32-4479		17. INFORMANT Mary M. Long, Clinton, Mo.			216 W. Jefferson St.	
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) Coronary Occlusion							15 min		
DUE TO (b) Has history of Angina Pectoris									
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. <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 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 _____ to _____ and last saw him alive on _____		Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James O. Smith</i>				22b. ADDRESS 106 S. Third St, Clinton, Mo.				22c. DATE SIGNED 5/6/60	
23a. BURIAL, CREMATION, RECOVERY (Specify) Burial		23b. DATE May 7, 1960		23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		23d. LOCATION (City, town, or county) Clinton, Missouri		(State)	
24. FUNERAL DIRECTOR <i>H.A. Vansant, Clinton, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. May 6, 1960		26. REGISTRAR'S SIGNATURE <i>Waldred Biggers</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 2 1960

MAY 11 1960

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. A. Tarsone

Licensed Embalmer No. 377

P. O. Address Clinton

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.