

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16305**
Registrar's No. **66**

FILED MAY 22 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 66				
1. PLACE OF DEATH a. COUNTY Herry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Herry						
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Clinton		0422				
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp				d. STREET ADDRESS (If rural, give location) 540 S. Carters st.						
3. NAME OF DECEASED (Type or Print) HERMAN B. LONG			a. (First) B.		b. (Middle) LONG		c. (Last)			
4. DATE OF DEATH May 17, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 31, 1894		
9. AGE (In years last birthday) 57		Months 3		Days 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer		10b. KIND OF BUSINESS OR INDUSTRY auctioneer		
11. BIRTHPLACE (State or foreign country) Henry Co. Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A						
13a. FATHER'S NAME John Long			13b. MOTHER'S MAIDEN NAME Louisa Berger			14. NAME OF HUSBAND OR WIFE Agnes Long				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 490-05-8076			17. INFORMANT'S SIGNATURE OR NAME Agnes Long, Clinton, Mo			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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 2 year		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Disease				About 5 yr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				DUE TO (c)						
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 443X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1945 , to July 17, 1951 , that I last saw the deceased alive on May 16, 1951 , and that death occurred at 5:55 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE S. B. Hughes, M.D.				23b. ADDRESS Clinton, Mo				23c. DATE SIGNED 5/18/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1951		24c. NAME OF CEMETERY OR CREMATORY White Oak Cem.		24d. LOCATION (City, town, or county) (State) Herry Mo.				
DATE REC'D BY LOCAL REG. May-20-1951		REGISTRAR'S SIGNATURE Florence Adair			25. FUNERAL DIRECTOR'S SIGNATURE N. A. Vansant - Clinton, Mo					

0422

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

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51 _____

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
Student Embalmer

Signed H. A. Varsant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.