

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 93

DO NOT WRITE ON THIS STUB

9. 0
10a. 84
10b. 01
11. 0
12. 3
13. 492X
14. 4
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. William Charles Long			SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 22, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white		AGE—LAST BIRTH (YEARS) 5a. 84	UNDER 1 YEAR 5b. MOS.	UNDER 1 DAY 5c. HOURS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Oct 20, 1885	COUNTY OF DEATH 7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH 7b. Bonne Terre		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Bonne Terre Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. divorced		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. 486-14-5637-A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Manager		KIND OF BUSINESS OR INDUSTRY 13b. Ice Plant		
RESIDENCE—STATE 14a. Mo.	COUNTY 14b. St. Francois	CITY, TOWN, OR LOCATION 14c. Bonne Terre		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 418 "C" Street	
FATHER—NAME 15. Frederick C. Long			MOTHER—MAIDEN NAME 16. Aley Benham			
INFORMANT—NAME 17a. Mrs. Margaret Brand			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 418 "C" St. Bonne Terre, Mo. 63628			
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Bronchial pneumonia DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) Chronic pulmonary emphysema DUE TO, OR AS A CONSEQUENCE OF: (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OF NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
Arteriosclerotic heart disease						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 3 28 62	MONTH DAY YEAR 21b. 22 70	AND LAST SAW HIM/HER ALIVE ON 21c. 2 22 70	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did	DEATH OCCURRED (MONTH, DAY, YEAR, HOUR) 21e. 1:47 P.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.						
CERTIFIER—NAME (TYPE OR PRINT) 23a. Jack Mullen, M.D.		SIGNATURE 23b. <i>[Signature]</i>		DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 2-24-70	
MAILING ADDRESS—CERTIFIER 23e.		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 23f. 30 N. Allen Bonne Terre Mo. 63628				
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Bonne Terre		LOCATION 24c. Bonne Terre, Mo.			
DATE (MONTH, DAY, YEAR) 24d. Feb 24, 1970	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. C.Z. Bover & Son, 313 Benham St. Bonne Terre, Mo.					
FUNERAL DIRECTOR—SIGNATURE 25a. <i>[Signature]</i>	REGISTRAR—SIGNATURE 25b. <i>[Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR 25c. Feb 24, 1970			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAR 9 1970

MAR 6 1970

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 Burlin T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.