

FILED JUN 21 1950

STANDARD CERTIFICATE OF DEATH

20041

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 4

1. PLACE OF DEATH
 a. COUNTY Howell
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS MO.
 c. LENGTH OF STAY (in this place) 71
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Howell
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ✓
 d. STREET ADDRESS (If rural, give location) delco RT

3. NAME OF DECEASED (Type or Print)
 a. (First) Lee
 b. (Middle) Roy
 c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year)
4 30 50

5. SEX M
 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify).
DIVORCED

8. DATE OF BIRTH
AUG 6 1867

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
72 8 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER

10b. KIND OF BUSINESS OR INDUSTRY
✓

11. BIRTHPLACE (State or foreign country)
Howell County

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
W.T. LONG

13b. MOTHER'S MAIDEN NAME
MARGARET WALLACE

14. NAME OF HUSBAND OR WIFE
ROSA LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS GUY SMOOT FYATE ARK

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
1P222

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Beatrice Cook (Degree or title) Coroner

23b. ADDRESS Howell Co. Mo. West Plains

23c. DATE SIGNED 3 May 50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 5-2-50

24c. NAME OF CEMETERY OR CREMATORY BIRDS SPRINGS

24d. LOCATION (City, town, or county) (State) HOCO MO.

DATE REC'D BY LOCAL REG. 6-12-50

REGISTRAR'S SIGNATURE Beatrice Cook 379

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
ROBERTSONS WEST PLAINS, MO.

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

460

OCT 16 1950

RECEIVED

6-19-50

District Health Officer No. 8,

District File Number 650355

~~File No.~~ 6-19-50

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.....

Licensed Embalmer No.....

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