

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33979

State File No. _____
Registrar's No. 388

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, N.C. 28080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>1374 Columbia Rd N.W.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u> b. (Middle) <u>Harold</u> c. (Last) <u>Long</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during the most of working life even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oldg.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Meleki Moses Long</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Wasson</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles F. Long, Onekama Mich</u>	ADDRESS _____
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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* <u>Sick + Hemorrhage resulting from</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES <u>Crushing injuries of chest, skull, rib</u>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>rib fractures, fractures of left & right</u> DUE TO (c) <u>left arm + right shoulder</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ER1604</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>120</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-14-51 8:44 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck Car collision</u>
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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 <u>D. C. Sealby, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>4050 Broadway, K.C. Mo</u>	23c. DATE SIGNED <u>10-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leveaux Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Browning, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 17-1951</u>	REGISTRAR'S SIGNATURE <u>James J. Conley</u>	3. 24	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Kephly</u>	ADDRESS <u>Indep. Mo</u>
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OCT 28 1950

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

Dillon L. Kelsey

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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 this body is not embalmed, fact should be so stated above.