

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1952

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Indian Creek T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u> <u>0690</u>	
c. LENGTH OF STAY (In this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>503 S. DAVIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>G</u> c. (Last) <u>LONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1952</u>	
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>DECEMBER 27-1948</u>
9. AGE (In years last birthday) <u>3</u>		10. F UNDER 1 YEAR <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <u>HANNIBAL Marion Co Mo. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>MICHAEL J. LONG</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET HAYS</u>	
14. NAME OF HUSBAND OR WIFE			
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. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Michael G. Long</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myxo Sarcoma of Urinary Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> 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.	
19a. DATE OF OPERATION <u>12-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Myxo Sarcoma of Urinary Bladder</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>181X</u>			
22. I hereby certify that I attended the deceased from <u>Oct 19 51</u> , to <u>April 19 52</u> , that I last saw the deceased alive on <u>Feb 19 52</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George W. Murray M.D.</u>		23b. ADDRESS <u>Quincy Illinois</u>	
23c. DATE SIGNED <u>4-19-52</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-21-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST STEVENS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-22-52</u>		REGISTRAR'S SIGNATURE <u>Elise Robertson 471</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & Sons</u>		ADDRESS <u>Monroe City, Mo.</u>	

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

0690

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 me

working under my personal supervision.

Student Embalmer No.

Signed Leslie L. Jolley

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.