

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **23430**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington Mo 18 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield 0376</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp # 3</b>		d. STREET ADDRESS (If rural, give location) <b>722 W. Webster</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Labriel</b>	b. (Middle) <b>Long</b>	c. (Last) <b>Long</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 27 52</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 15 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Nicholas Long</b>	13b. MOTHER'S MAIDEN NAME <b>Lena</b>	14. NAME OF HUSBAND OR WIFE <b>Edna F. Long</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>2247</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Woods Records</b>	ADDRESS <b>2247</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Hypertensive heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	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. <b>Smiling psychosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **6-9**, 19**52**, to **6-27**, 19**52**, that I last saw the deceased alive on **6-27**, 19**52**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. D. Pruitt M.D.</b> (Degree or title)	23b. ADDRESS <b>Wesuda Mo</b>	23c. DATE SIGNED <b>6/27/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>29 June 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Bend Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-28-1952</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank C. Thine</b>	ADDRESS <b>Springfield, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

080  
2

2899  
6-10-11

**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 Fred C. Thorne.....

Licensed Embalmer No. 2899.....

P. O. Address Springfield, Miss.....

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.