

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28722**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **2041** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
c. LENGTH OF STAY (in this place) 45 Minutes		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Leroy	b. (Middle) E.	c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1924	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (State or foreign country) Shelbina, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jess Martin Long	13b. MOTHER'S MAIDEN NAME Hettie Waddell	14. NAME OF HUSBAND OR WIFE Ida Etonia Long
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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) Yes World War II	16. SOCIAL SECURITY NO. 490-18-7504	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leroy Long, Shelbina, Missouri	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 hrs 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax Right	DUE TO (b) Pericarditis	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Car wreck		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salt River Township-Shelby, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31 1952 8:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fire blow out causing car to turn over
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22. I hereby certify that I attended the deceased from **July 31, 1952** to **July 31, 1952**, that I last saw the deceased alive on **July 31, 1952**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Dennis M.D.	(Degree or title)	23b. ADDRESS Macon mo	23c. DATE SIGNED 8-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-52	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. 8/4/52	REGISTRAR'S SIGNATURE Luth Mcneely	25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1952

RECEIVED 8.19.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.59.195
Date Filed 8.16.52

AUG 26 1952

84571

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.

Signed Paul E. Hayes

Signed
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Skellern, 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.