

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5635</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Philipstburg T.S.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Philipstburg T.S.</u>		d. STREET ADDRESS (If rural, give location) <u>Philipstburg Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Philipstburg Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Philipstburg Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Preston</u>		a. (First)		b. (Middle) <u>M.</u>		c. (Last) <u>Long</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 1 1894</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months Days		11. UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <u>Laclede Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Yoo Long</u>		13b. MOTHER'S MAIDEN NAME <u>Elzeta Sparks</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah G. Moore Long</u>			
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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. P. M. Long Philipstburg, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS				Interval: _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
		DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>592X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-15</u> , 19 <u>53</u> , to <u>1-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>53</u> and that death occurred at <u>7:50 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Jundey, M.D.</u> (Degree or title)				23b. ADDRESS <u>Conway, Mo.</u>		23c. DATE SIGNED <u>1-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honesome Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>1-29-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pat Mers. Lebanon</u>		ADDRESS	

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

530
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FEB 2 1956

Received

Laclede County Health Unit

File No. 2-53-22

Date Filed FEB 9 1956

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 A. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.