. No. 300
. 10.48

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2600

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crocker, Mo
c. LENGTH OF STAY (In this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crocker, Missouri
d. STREET ADDRESS (If rural, give location) ••••••••

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Thomas
c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept. 27, 1873
9. AGE (In years last birthday) 79 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Crocker Mo Rural
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henery Long
13b. MOTHER'S MAIDEN NAME Adeline Williams
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Martha Kinsley ADDRESS Crocker, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular Renal Disease — 4 yrs
DUE TO (c) Arterial Sclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
442X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Dec 1945, 19__, *to* Jan 22, 1953 *that I last saw the deceased alive on* Jan 21, 1953, *and that death occurred at* 1:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Crocker, Mo.
23c. DATE SIGNED Jan. 22/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 24/53
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
24d. LOCATION (City, town, or county) (State) Crocker, Mo Rural

DATE REC'D BY LOCAL REG. 1-23-53
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home ADDRESS Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-24-59
Pulaski County Health Officer
File Number
Date Filed 1-23-59

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 X, Student Embalmer No., working under my personal supervision.

Student
Student Embalmer

Signed Clarence Fraser

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.