

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

6947

FILED FEB 26 1953

State File No.

BIRTH NO. 70368 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Le Sireur Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Le Sireur Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Long</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct 1, 1952</u>
9. AGE (In years last birthday) <u>4</u> 1/2		10. BIRTHPLACE (State or foreign country) <u>Point Pleasant Mo</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Steve F. Long</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Steve Long R#1 Portageville, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>7955</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Steve Long R#1 Portageville, Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No Medical Attendant</u> DUE TO (c) <u>Cause of death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	20. AUTOPSY? YES ☐ NO ☐
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) 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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edith Hedgcock</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>2/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Road Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hardell Mo</u>

DATE REC'D BY LOCAL REG. <u>Feb 23, 1953</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

07201

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_____

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.