

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13875

State File No. _____

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 396

0396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield, Rural</u> <u>0390</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSCOE</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>LONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 16, 1927</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman Sho-Me-Power Company</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Owen Long</u>		13b. MOTHER'S MAIDEN NAME <u>Opel Bowzer</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Dean Long</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way of discharge or service) <u>Yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Norma Dean Long</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>Acute Pt. Heart Failure</u>				<u>2 hrs</u>
- *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	DUE TO (b) <u>Burn Toxicity</u>			<u>48 hrs.</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Severe 2nd & 3rd° Burns 60% of Body</u>			<u>72 hrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			<u>E9148</u> <u>10</u>
19a. DATE OF OPERATION <u>4-14-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Severe 2nd & 3rd° Burns Entire Body</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., home, school, street, office bldg., etc.) <u>Work Crocker, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Crocker 085 Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 13 53 1PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>climbing electric tower when break switch & caught clothing on just</u>			
22. I hereby certify that I attended the deceased from <u>4-14, 1953</u> , to <u>4-18, 1953</u> , that I last saw the deceased alive on <u>4-17, 1953</u> , and that death occurred at <u>7:00pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Med.</u>			23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>4-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 20, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-22-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner & Co Springfield Mo.</u>			

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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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____ Student Embalmer

Signed *Ogle Stone Jr* _____ Licensed Embalmer No. *4176*

P. O. Address *Springfield* _____

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.