

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 2 - 1953

REG. DIST. NO. ~~5572~~ 150

PRIMARY REG. DIST. NO. 5572 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson County Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Prairie Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Hospital</u>			3. NAME OF DECEASED a. (First) <u>Claude</u> b. (Middle) <u>Long</u> c. (Last) <u>Long</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-53</u>			5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>
8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>65?</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-?-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hudson Long Mexico Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition</u> ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Tongue</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>141X</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-18-</u> , 19 <u>53</u> to <u>6-18-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-18-</u> , 19 <u>53</u> , and that death occurred at <u>11:30pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. Square-Reyna, MD.</u> (Degree or title)		23b. ADDRESS <u>1032 Prog. Bldg. K.C.</u>		23c. DATE SIGNED <u>6-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mexico Mo.</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>6-19-53</u>	REGISTRAR'S SIGNATURE <u>W. B. Langford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Crecht Funeral Home</u>	ADDRESS <u>Mexico Mo</u>		

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

B. J. Lindley

Licensed Embalmer No. *4822*

P. O. Address *Leek Summit*

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.