

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34747

FILED OCT 2 - 1953

State File No. (143) 148
Registrar's No. 148

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074	
1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard 1030		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gray Ridge		1
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print)		a. (First) Ray	b. (Middle) James	c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) 9-15-1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-27-1916	9. AGE (in years last birthday) 37	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Patton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Vest Long		13b. MOTHER'S MAIDEN NAME Nettie Bowers		14. NAME OF HUSBAND OR WIFE Electa McCoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Electa Long ADDRESS Gray Ridge, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture Duod. Ulcer 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 9 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5411				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)		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 9-6 , 1953, to 9-15 , 1953, that I last saw the deceased alive on 9/15, 1953 , and that death occurred at 8:30 AM from the causes and on the date stated above.					
23a. SIGNATURE Shannon C. M. Cluett (Degree or title)		23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 9/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-17-53	24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	24d. LOCATION (City, town, or county) (State) Dexter cemetery Mo		
DATE REC'D BY LOCAL REG. 9-21-53	REGISTRAR'S SIGNATURE Mrs. Clara Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.		

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 28 1959
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 953-215

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 _____

Carl O. Wattenberg

Student Embalmer No. 489

working under my personal supervision.

Student Carl O. Wattenberg
Student Embalmer

Signed Walter Marshall Wittman

Licensed Embalmer No. 4717

P. O. Address Seyler, 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.