

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42305

State File No. ....

FILED JAN 4 1954

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5200</u>		Registrar's No. <u>135</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>				
b. CITY, (if outside corporate limits, give RURAL and give township) <u>Rural Wakenda Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u> <u>0178</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. So. of Carrollton</u>				e. STREET ADDRESS (If rural, give location) <u>8 mi. So. of Carrollton</u>				
3. NAME OF DECEASED (Type or Print) <u>KENNETH EUGENE LONG</u>			a. (First) <u>KENNETH</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>LONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 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>Apr. 2, 1932</u>		
9. AGE (In years, less birthday) <u>21</u>		f UNDER 1 YEAR Months Days		g UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rolla Long</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche Miller</u>			13c. NAME OF HUSBAND OR WIFE <u>Melba Smith Long</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes Army 9-3-52 to 11-12-52</u>			15. SOCIAL SECURITY NO. <u>538-28-6185</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Rolla Long</u>			
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Arteriosclerosis</u>			DUE TO (b) <u>(coroner notified of this death)</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.			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Dec 21, 1953</u> , to <u>Dec 21, 1953</u> that I last saw the deceased alive on <u>Dec 21, 1953</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Douglas Kelling M.D.</u>				23b. ADDRESS <u>Waverly Mo.</u>		23c. DATE SIGNED <u>12-26-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 23/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/23/53</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert C. Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley &amp; Gibson</u>		ADDRESS <u>Carrollton Mo.</u>		

017-0

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

75 APR 15 1959

FEB 17 1954

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..... Signature of Student Embalmer

Signed *Ben W Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton Ga*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.