

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5571**

Whitehead
FILED FEB 23 1954

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> c. LENGTH OF STAY (in this place) <u>4 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES MEN HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> c. CITY OR TOWN <u>Neosho</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Route # 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAIPH</u> b. (Middle) <u>Ellis</u> c. (Last) <u>LONGSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1954</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>OCT 3 1883</u>
9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia Penna</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER-FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY K. LONGSTON</u>	
13b. MOTHER'S MAIDEN NAME <u>CATHERINE RAIPH</u>		14. NAME OF HUSBAND OR WIFE <u>Lila</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lila Longston</u> ADDRESS <u>R#4 Neosho</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ferricium Anemia</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>2900</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1948</u>, 19 <u>Jan 28</u>, 1954, that I last saw the deceased alive on <u>Jan 28</u>, 1954, and that death occurred at <u>11:10 AM</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Whithred M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>2-5-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELEFAST Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>R#4 Neosho MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u>	
DATE REC'D BY LOCAL REG. <u>2-8-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	
ADDRESS <u>Neosho</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____
District File Number 254-27
Date Filed FEB 19 1954

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 Jesse P. Sullivan, Jr.
Licensed Embalmer No. 464

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