

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **253**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **60**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give town) **St. Joseph**
c. LENGTH OF STAY (In this place) **2 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Dead on ar. Mo. Meth. Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **430 E. Colorado Ave. 01170**

3. NAME OF DECEASED
a. (First) **Loron** b. (Middle) _____ c. (Last) **Long**
4. DATE OF DEATH (Month) (Day) (Year) **Jan. 19, 1955**

5. SEX **Male 0** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower 2** 8. DATE OF BIRTH **Dec. 19, 1877** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Editor & Pub. Newspaper** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Nodaway Co. Mo. 0** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Abraham Long** 13b. MOTHER'S MAIDEN NAME **Matilda Parish** 14. NAME OF HUSBAND OR WIFE **Crystal Long**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **500-36-0400** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. L. L. McCrea** ADDRESS **430 E. Colorado**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Thrombosis**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chronic Myocarditis**
DUE TO (c) **4201**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death **Man Collapsed while shopping**

INTERVAL BETWEEN ONSET AND DEATH **1 day**
unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **known, was taken to the Missouri Methodist Hospital, was dead on arrival** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that ~~the~~ ^{deceased} ~~was~~ ^{on 1/19, 1955,} ~~born~~ ^{to} _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **H. F. Mundy M.D. (Coroner)** (Degree or title) 23b. ADDRESS **St. Joseph, Mo.** 23c. DATE SIGNED **1/19/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 21, 55** 24c. NAME OF CEMETERY OR CREMATORY **Oak Lawn Cemetery** 24d. LOCATION (City, town, or county) (State) **Ravenwood, Mo.**

DATE REC'D BY LOCAL REG. **Jan 21, 1955** REGISTRAR'S SIGNATURE **Kathleen M. Allison 485** 25. FUNERAL DIRECTOR'S SIGNATURE **Clark Funeral Home** ADDRESS **St. Joseph, Mo.**

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

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.....
Embalmer Signature

Licensed Embalmer No. *475*

P. O. Address *St. Joseph*

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.