

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **386**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, S. Campbell Twp.)		c. CITY OR TOWN Springfield	
c. LENGTH OF STAY (in this place) Instant		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Horton Rock Quarry Springfield R.F.D. #8		f. STREET ADDRESS (If rural, give location) 1220 North West Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) REX b. (Middle) DONALD c. (Last) LONG			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 26 Oct. 1941		9. AGE (In years last birthday) 13		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) School pupil			10b. KIND OF BUSINESS OR INDUSTRY Junior Hi. School Springfield, Missouri		
11. BIRTHPLACE (City and State or Foreign Country) U.S.A.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Elmer Glen Long		13b. MOTHER'S MAIDEN NAME Dorothy Lucille Bennett		14. NAME OF HUSBAND OR WIFE ----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer G. Long, 1220 N. West Avenue, Springfield, Missouri	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning				INTERVAL BETWEEN ONSET AND DEATH instant	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Accidental drowning in Rock Quarry					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E 9298 42					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) old Rock Quarry		21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Rt. 8, Greene (STATE) Missouri			
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21d. TIME OF INJURY May 1, 1955 11:00 A.M.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Dumped into save sister, who accidentally fell in.		
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22. I hereby certify that I attended the deceased from -----, 19-- to -----, 19-- that I last saw the deceased alive on -----, 19-- and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degrees or title) Greene County Coroner		23b. ADDRESS S. Campbell Street Road, Springfield, Missouri		23c. DATE SIGNED 2/May/1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 May 1955		24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 4-3-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Springfield			
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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.....
Fred C. Thies

Licensed Embalmer No. 2899
Springfield,
P. O. Address Missouri.....

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.