

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17593**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 188	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Purdin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grimm Smith Hospital				STREET ADDRESS Rural (If rural, give location) 0580			
3. NAME OF DECEASED (Type or Print)		a. (First) Gerald		b. (Middle) Lewis		c. (Last) Long	
4. DATE OF DEATH		(Month) July		(Day) 3		(Year) rd1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8 th. 1913	
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 8 Days 25		IF UNDER 4 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Linn Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Hiram Long		13b. MOTHER'S MAIDEN NAME Cordia Smith		14. NAME OF HUSBAND OR WIFE Alpha Long			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Alpha Long ADDRESS Purdin 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Acute Myelogenous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2041 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) m.		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 6-27, 1955 , to 7-2, 1955 , that I last saw the deceased alive on 7-2-55 , 19 55 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J.P. Phillips (Degree or title) M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 7-6-55	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE July 5-1955		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Linneus, Mo.	
DATE REC'D BY LOCAL REG. 7-9-55		REGISTRAR'S SIGNATURE Kate Lambert 1-0		25. FUNERAL DIRECTOR'S SIGNATURE J.R. Brothers ADDRESS Linneus, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marion E. Miller*.....

Licensed Embalmer No. *3*.....

P. O. Address *Madison*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.