

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26782**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 141		
1. PLACE OF DEATH a. COUNTY LA OLEDE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WRIGHT				
b. CITY (If outside corporate limits, write RURAL and give town) LEBANON		c. LENGTH OF STAY (In this place) 2 HRS.		c. CITY OR TOWN GROVE SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11/1		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WALLACE MEM. HOSPITAL				STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED a. (First) LESTER (Type or Print)			b. (Middle) LOREN		c. (Last) LONG		4. DATE OF DEATH (Month) 8-21- (Day) 55 (Year)	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-14-1913		9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.F.A. EXCHANGE		10b. KIND OF BUSINESS OR INDUSTRY FARMERS CO-OP.		11. BIRTHPLACE (City and State or Foreign Country) WRIGHT COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JACOB LONG			13b. MOTHER'S MAIDEN NAME COOA SIMPSON		14. NAME OF HUSBAND OR WIFE CATHERINE MASSEY LONG			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 500-05-0981D.		17. INFORMANT'S SIGNATURE OR NAME SMITTLE		ADDRESS GROVE SPRINGS, M).		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Immediate	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____		DUE TO (c) 33IX		
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)				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 8-21 , 19 55 , and that death occurred at 2:17 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Paul A. Jenkins M.D.				(Degree or title)		23b. ADDRESS Knights Bldg Lebanon Mo		23c. DATE SIGNED 8-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-23-55	24c. NAME OF CEMETERY OR CREMATORY MT. ROSE MEM.		24d. LOCATION (City, town, or county) (State) LACLEDE COUNTY MO			
DATE REC'D BY LOCAL REG. 9-6-1955		REGISTRAR'S SIGNATURE Blilla L. Gray		424		25. FUNERAL DIRECTOR'S SIGNATURE Paul Simpson Hartville		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.4832
0

Received 9-19-55

Laclede County Health Unit

File No. 141

Date Filed 9-19-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James W. Wair*

Licensed Embalmer No. 46

P. O. Address Springfield

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.