

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34009**

BIRTH NO. _____		REG. DIST. NO. 124		PRIMARY REG. DIST. NO. 4307		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort		c. LENGTH OF STAY (in this place) 57 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort		d. STREET ADDRESS (If parcel, give location) 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rocky Comfort Hosp.							
3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Albert c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18-1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13-73	
9. AGE (in years last birthday) 82		IF UNDER 1 YEAR Months 8 Days 3		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Andrew Long			13b. MOTHER'S MAIDEN NAME Celia Nicodemus		14. NAME OF HUSBAND OR WIFE Julia Long		
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Julia Long ADDRESS Rocky Comfort 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma - Long standing DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X					INTERVAL BETWEEN ONSET AND 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)		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 1954 , 19____, to Death , 19 55 , that I last saw the deceased alive on 10-17 , 19 55 , and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Randal W. Ocho M.D.				23b. ADDRESS Wheaton Mo.		23c. DATE SIGNED 10/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 20-55		24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort		24d. LOCATION (City, town, or county) (State) Rocky Comfort Mo.	
DATE REC'D BY LOCAL REG. Oct. 21, 1955		REGISTRAR'S SIGNATURE O. B. Alexander		25. FUNERAL DIRECTOR'S SIGNATURE C. McQueen		ADDRESS Funeral Home, Wheaton Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

Student Embalmer

Signed

Paul D. Herbert

Licensed Embalmer No. *4576*

P. O. Address *Cassville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.