

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 864

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) 207 So. Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER b. (Middle) RICHARD c. (Last) LONGGLEAR			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Firefighting	11. BIRTHPLACE (City and State or Foreign Country) Caruthersville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John P. Longgrear		13b. MOTHER'S MAIDEN NAME Bidie Eaves		14. NAME OF HUSBAND OR WIFE Tera Walker Longgrear	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-12-7464		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tera W. Longgrear, Kennett, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung & pleurocarcinoma type.		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	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.			

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 **Oct 1955** to **Jan 24, 1956**, that I last saw the deceased alive on **Jan 24, 1956**, and that death occurred at **5:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George W. Summers M.D.	23b. ADDRESS Kennett Mo	23c. DATE SIGNED Jan 25 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) (State) Kennett, Missouri		

DATE REC'D BY LOCAL REG. Jan 26-1956	REGISTRAR'S SIGNATURE Earl Thurman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O BALDWIN FUNERAL SERVICE INC. KENNETT MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1956
FEB 3 1956

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-30-56
COUNTY FILE NUMBER 156-

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 *Lyman R. Cunningham*

Licensed Embalmer No. *4969*

P. O. Address *Farm H, MD.*

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