

FILED JAN 16 1956

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2138**

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>5836</b>		Registrar's No. <b>5</b>		
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Green</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Willard</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 1</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neosho Twp.</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Holman</b>			b. (Middle) <b>M.</b>		c. (Last) <b>Long</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED? <b>Married</b> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Oct. 12, 1912</b>	9. AGE (In years last birthday) <b>43</b>	10. UNDER 1 YEAR Months _____	11. UNDER 1 HR. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Associated Gro.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Willard Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Marion Long</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Sewell</b>		14. NAME OF HUSBAND OR WIFE <b>Madge Long</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>492-40-8742</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ford Long</b> ADDRESS <b>Walnut Grove Mo.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Burned to death</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) <b>Automobile Accident</b>  DUE TO (c) _____								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>26</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Neosho Newton</b> (COUNTY) <b>Green</b> (STATE) <b>Missouri</b>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>1-4-56 8:20 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Head-on collision of two trucks, both trucks burned.</b>				
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 <b>8:20 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Robert H. Thompson</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Neosho Missouri</b>		23c. DATE SIGNED <b>1-5-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-4-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Willard Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-5-56</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson Sr.</b> ADDRESS <b>Neosho Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
p. 48

30

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6392

FEB 7 1954

JAN 17 1954

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

*Leo J. Whitaker*

Licensed Embalmer No. 4780

P. O. Address Meash, Mo.

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.