FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15752

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 290

1. PLACE OF DEATH
a. COUNTY: Cape ~~County~~ Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau,
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cape Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN: East Prairie
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0671

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) A. c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 2, 1884

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Benton, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: David M. Long

13b. MOTHER'S MAIDEN NAME: Sonora Ross

14. NAME OF HUSBAND OR WIFE: Cora Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME: Cora Long — ADDRESS: East Prairie, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial degeneration

DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Polycystic degeneration of Both Kidneys 4500

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25, 1956, *to* 4/30, 1956, *that I last saw the deceased alive on* 4/30, 1956, *and that death occurred at* 1:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Higgins D.O.

23b. ADDRESS: Cape Osteopathic Hosp.

23c. DATE SIGNED: 5/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-2-56

24c. NAME OF CEMETERY OR CREMATORY: Dogwood Cemetery

24d. LOCATION (City, town, or county) (State): Near East Prairie, Missouri

DATE REC'D BY LOCAL REG.: 5-24-56

REGISTRAR'S SIGNATURE: C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE: Travis Shelby Jr. — ADDRESS: East Prairie Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1958

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 Travis Shelby Jr.....

Licensed Embalmer No. 49

P. O. Address East Pa

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.