

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32481  
STATE FILE NUMBER

FILED DEC 11 1956

Registration District No. 96 Primary Registration District No. 5356 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dallas</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Buffalo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 mile East Buffalo</b>		d. STREET ADDRESS (If outside give location) <b>East Star Route</b>	
Length of stay in 1b <b>4 months</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>MARTIN Luther Long</b> <small>First Middle Last</small>			4. DATE OF DEATH <b>Dec. 1, 1956</b> <small>Month Day Year</small>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 10, 1869</b>	9. AGE (In years last birthday) <b>87</b> <small>IF UNDER 24 HRS. Months Days Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gen. Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>		11. BIRTHPLACE (City and state or country) <b>Penn. State</b>	
13. FATHER'S NAME <b>Sam Long</b>			14. MOTHER'S MAIDEN NAME <b>Rebecca</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT <b>Junior Long</b> <small>Address</small> <b>Buffalo, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
DUE TO (b) <b>Chronic Prostatitis</b>		
DUE TO (c) <b>Hypertrophy of Prostate</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>181-X</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>181-X</b>	
20c. TIME OF INJURY <small>Hour a. m. p. m.</small>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Buffalo</b>	COUNTY	STATE
21. I attended the deceased from <b>1955</b> to <b>12-1, 1956</b> and last saw <b>him</b> alive on <b>12-1-56</b> . Death occurred at <b>2:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		22b. ADDRESS <b>Buffalo Mo</b>		22c. DATE SIGNED <b>12-4-56</b>

23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>BURIAL</b>	23b. DATE <b>12-4-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAKAWN Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Buffalo, MO.</b>
24. FUNERAL DIRECTOR <b>JONES Funl Home</b> <small>ADDRESS</small> <b>Buffalo, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/9/56</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Grace Petrea</b>

(Licensed Embalmer's Statement on Reverse Side)

000  
-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Gene C. Hunter*

Licensed Embalmer No. *47*

P. O. Address *Buffal*

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.