

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3592

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY: <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>32 days</u>	c. CITY OR TOWN <u>ATLANTA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>			
STREET ADDRESS (If rural, give location) <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) <u>Everett</u>	a. (First)	b. (Middle)	c. (Last) <u>Long</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 20, 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-8-1884</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	11. UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer &amp; laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gilberts, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Joseph Long</u>	13b. MOTHER'S MAIDEN NAME <u>IDA Moore</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>514-01-5667</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Long</u>	ADDRESS <u>ATLANTA, MO</u>
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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) <u>Cachexia and Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Parkinsonism</u>		<u>Unknown</u>
	DUE TO (c) <u>Cerebral Arteriosclerosis</u>		<u>Unknown</u>
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 <u>334x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>ATLANTA, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Febr. 19, 1957</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 18, 1957, to Febr. 20, 1957, that I last saw the deceased alive on Febr. 19, 1957, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Scheuen, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>Febr 20 1957</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. TABOR</u>	24d. LOCATION (City, town, or county) (State) <u>MACON COUNTY - MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-22-1957</u>	REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. H. Goodding</u>	ADDRESS <u>Atlanta, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ Theo H. Goodding, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Theo H. Goodding  
Licensed Embalmer No. 398

P. O. Address Atlanta, Ga.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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