FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7504

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada WASHINGTON Inside Limits Yes ☐ No ☒
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 Length of stay in 1b 8 mo 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Cassville Inside Limits ~~unknown~~ Yes ☐ No ☐
d. STREET ADDRESS ~~unknown~~ (If outside, give location) Reside on Farm ~~unknown~~ Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harvey Middle — Last Long

4. DATE OF DEATH Month Feb Day 22 Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 27, 1902
9. AGE (In years last birthday) 54
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) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Cassville Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John D. Long
14. MOTHER'S MAIDEN NAME Martha Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Adm. Papers Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia-Interstitial, acute — 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gen. Arterio Sclerosis — 3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Marital Difficulty — 492X
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1, 1956 to Feb. 22, 1957 and last saw ~~her~~ him alive on Feb 22, 1957
Death occurred at 6 A.M. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. C. Bradley M.D. (Degree or title)
22b. ADDRESS State Hospital #3 Nevada Mo.
22c. DATE SIGNED 2-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 2-24-57
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery
23d. LOCATION (City, town, or county) (State) Cassville, Missouri

24. FUNERAL DIRECTOR Culver Funeral Home, Cassville, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 2-28-1957
26. REGISTRAR'S SIGNATURE Anna J. Ferrup

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 Paul D. Henbest

Licensed Embalmer No. 4

P. O. Address Cassidi

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.