

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19793**

FILED JUN. 3 1957

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **6114** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY Scott	
b. CITY OR TOWN RURAL	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN RURAL	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1000	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT	b. (Middle) JUNIOR	c. (Last) LONG	4. DATE OF DEATH (Month) (Day) (Year) 5-17-1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 11-29-1939
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		9b. KIND OF BUSINESS OR INDUSTRY 0	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 17 Days 5 Hours 18 IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) LUTESVILLE Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Julius Long	13b. MOTHER'S MAIDEN NAME EMMA TANKERSLEY	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Ms Emma Long Sikeston Mo	ADDRESS Sikeston Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Skull Fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Rural - Seed Co.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morley Twp. 100 Scott Mo
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 17-1957-8:27 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Train-car collision.
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22. I hereby certify that I attended the deceased from **first call**, 19 **after** to **death**, 19 **_____**, that I last saw the deceased alive on **_____**, 19 **_____**, and that death occurred at **8:27 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma C. Buckthorpe - M.D. Health Officer -	23b. ADDRESS Benton, Mo	23c. DATE SIGNED 5-18-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-1957	24c. NAME OF CEMETERY OR CREMATORY HARRIGAN CEMETARY	24d. LOCATION (City, town, or county) (State) LUTESVILLE Mo.
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DATE REC'D BY LOCAL REG. 5-20-57	REGISTRAR'S SIGNATURE Ms Edna Bunker	25. FUNERAL DIRECTOR'S SIGNATURE Al Britton	ADDRESS Funeral Home Sikeston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 27 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-108

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 _____
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston

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.