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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25274**

FILED JUL 26 1957

BIRTH NO. _____		REG. DIST. NO. <b>181</b>		PRIMARY REG. DIST. NO. <b>4293</b>		Registrar's No. <b>35</b>	
1. PLACE OF DEATH a. COUNTY <b>ELLSBERRY LINCOLN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELSBERRY</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 YR</b>		c. CITY OR TOWN <b>Elsberry</b>		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 <b>KATIE JANE HOME</b>				e. STREET ADDRESS (If rural, give location) <b>N. FIFTH ST. 0570</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMETT</b> b. (Middle) <b>THEODORE</b> c. (Last) <b>LONG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 13, 1957</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>OCT. 29, 1874</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POULTRY DEALER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN COUNTY, Mo.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM LONG</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA MITCHELL</b>	
13a. FATHER'S NAME <b>WILLIAM LONG</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA MITCHELL</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA LONG - deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>D.M. LONG - Rt. #2 - Creve Coeur, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) <b>Heart exhaustion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 MO.</b>  <b>5 days</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201F	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-8, 1957</b> , to <b>7-13, 1957</b> , that I last saw the deceased alive on <b>7-13, 1957</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>7/14/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 15, 1874</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hope</b>		24d. LOCATION (City, town, or county) (State) <b>RFO - Elsberry, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/24/57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] - Elsberry, Mo</b>			

**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.....  
*O. G. Lashley*

Licensed Embalmer No. 401

P. O. Address Elsherry

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.