No. 300
10.48

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

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25298

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5643 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linneus-Rural-Jackson Twp
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN: Linneus
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R#3-1½ Mi-S.W. Hecla

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): Morris
c. (Last): Long

4. DATE OF DEATH (Month) (Day) (Year): August 2 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 29 1897
9. AGE (In years last birthday): 59 — If under 1 year: Months 11, Days 3; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Linn County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Emmett Long
13b. MOTHER'S MAIDEN NAME: Martha Louisa Morris
14. NAME OF HUSBAND OR WIFE: Vera Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 497-40-6360
17. INFORMANT'S SIGNATURE OR NAME: Earl H. Long — **ADDRESS**: Marshall Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

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
4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis B. McClelland Coroner
23b. ADDRESS: Brookfield MO
23c. DATE SIGNED: 8/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/4/1957
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion Cemetery
24d. LOCATION (City, town, or county) (State): Humphreys MO

DATE REC'D BY LOCAL REG.: Aug 7, 1957
REGISTRAR'S SIGNATURE: Mrs. Birdie Kelley
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: E.D. Robertson Funeral Home Laredo

(Licensed Embalmer's Statement on Reverse Side)

AUG OCT 1 2 3 1957

JAN 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. W. Robertson

Licensed Embalmer No. 438

P. O. Address Laredo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.