

Health, Welfare, Public Service
 300
 7-56
 ALL information on this form is to be typed in black ink on a white background. No symbols will be listed. All diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

25379

STATE FILE NUMBER

Registration District No. ~~222~~ 209 Primary Registration District No. 3043 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Marion.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN R.F.D. Perry, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital.				Length of stay in 1b 3Wks.		d. STREET ADDRESS (If outside, give location) Saltriver Township	
3. NAME OF DECEASED (Type or print)		First EMMETT		Middle D.		Last LONG.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 15, 1882	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 85		IF UNDER 24 HRS. Days 85		Hours 85	
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 country) Ralls Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Long.				14. MOTHER'S MAIDEN NAME Margaret Sapp.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Mary E. Long. Perry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General abdominal Carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 1:00 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec 1956 to July 28-57 and last saw him live on July 28-57 Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS Hannibal, Missouri.		22c. DATE SIGNED 7-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-30-1957		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery,		23d. LOCATION (City, town, or county) (State) Perry, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wiley, Perry, Mo.				25. DATE RECD. BY LOCAL REG. 8-2-57		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 9
MARION CO. HEALTH DEPT.

DATE FILED AUG 9 1957

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 *Olyde*
Licensed Embalmer No. 38

P. O. Address Perry, Mo

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.