

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27337

FILED JUL 30 1957

STATE FILE NUMBER

Registration District No. 370 Primary Registration District No. 6288 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNION (Twp)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>GROVE SPRINGS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in-lb			d. STREET ADDRESS (If outside, give location) <u>NO. 3 MILES</u>	
3. NAME OF DECEASED (Type or print) <u>JACOB</u>				First		Middle	
				<u>C.</u>		<u>LONG</u>	
4. DATE OF DEATH				Month		Day	
				<u>7</u>		<u>21-57</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
				WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		<u>2-19-1870</u>	
9. AGE (In years last birthday) <u>87</u>				IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <u>MO.</u>	
13. FATHER'S NAME <u>JOHN LONG</u>				14. MOTHER'S MAIDEN NAME <u>Elois Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>EARL LONG</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						<u>unknown</u>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
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 <u>7/1/57</u> to <u>7/21/57</u> and last saw her alive on <u>7/19/57</u> Death occurred at <u>3:40 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. V. Hough M.D.</u>				22b. ADDRESS <u>More Springs</u>		22c. DATE SIGNED <u>7/25/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>7-23-57</u>		<u>WHITE OAK POND</u>		<u>MO GROVE SPRINGS MO</u>	
24. FUNERAL DIRECTOR <u>John Simpson Hartwell</u>				25. DATE RECD. BY LOCAL REG. <u>9/26/57</u>		26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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RECEIVED 9/26/57
WRIGHT CO. HEALTH DEPT.
County File Number 957-80
Date Filed 9/27/57

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 *R. W. Barber*
Licensed Embalmer No. 38

P. O. Address

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.