

pt. Health,
, & Welfare
S. Public
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S. 300
ev. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 31 1957

STANDARD CERTIFICATE OF DEATH

43855
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Eldon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. E. Still Hosp. Length of stay in 1b 2 da.		d. STREET ADDRESS (If outside, give location) L. N. WALNUT Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Willard First — Middle — Last LONG			4. DATE OF DEATH DEC. 25, 1957 Month Day Year		
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 Sept 18-1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 3 Days 7 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY CONCRETE	11. BIRTHPLACE (City and state or country) LINN CREEK, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Long			14. MOTHER'S MAIDEN NAME MARY CRONIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-18-273	17. INFORMANT Rosalee Taylor Slater mo Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 120 sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUPLICATE (b) Pulmonary hypertension	unknown
	DUPLICATE (c) Chronic Cor pulmonale	unknown
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 Month, Day, Year a. m., p. m.		
20d. INJURY OCCURRED WHILE AT <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 12/23/57 to 12/25/57 and last saw her alive on 12/25/57 Death occurred at 11 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS 416 E. High St.	22c. DATE SIGNED 12/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) (State) Eldon Mo.
24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS Eldon	25. DATE RECD. BY LOCAL REG. 27 Dec 1957	26. REGISTRAR'S SIGNATURE R.P. Davis, MD MR	

(Licensed Embalmer's Statement on Reverse Side)

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 *Louis D. Phillips*

Licensed Embalmer No. *346*

P. O. Address *Laeda*

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.