

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009717
State File No.

Leech
FILED MAR 18 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>10 hrs</u>	c. CITY OR TOWN <u>Fayette</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>R. R. #5 Moniteau Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>	b. (Middle) <u>--</u>	c. (Last) <u>LONG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8, 1892</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>65</u> <u>7</u> <u>9</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John S. Ketchum</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Clara Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Floyd Long</u>
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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>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. F. Long R. R. #5 Fayette, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma colon -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8m</u>
	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 <u>Sept 57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma colon - metastasis</u> 1538	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette (Missouri)</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2-11-58</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov, 1957, to 2-11, 1958, that I last saw the deceased alive on 2-11, 1958 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. Leech MD</u>	(Degree or title)	23b. ADDRESS <u>Fayette, Mo</u>	23c. DATE SIGNED <u>2-3-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/13/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-3-58</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halsh A. Carr Fayette, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-1

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, ~~only~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph A. Carr*.....
Licensed Embalmer No. *331*

P. O. Address *Jayette*.....

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.