

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045018

STATE FILE NUMBER

FILED JAN 7 1959

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 150

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN 0600	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial Hosp 10 hrs		d. STREET ADDRESS (If outside, give location) Rocky Comfort R#1	

3. NAME OF DECEASED (Type or print) First May Middle Omega Last Longshore			4. DATE OF DEATH Month December Day 27 Year 1958		
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5. SEX Female	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 May 1 1896	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 7 Days 26	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) McDonald County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Lewis	13b. MOTHER'S MAIDEN NAME Winnie Armenda May	14. NAME OF HUSBAND OR WIFE John A. Longshore
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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) No	16. SOCIAL SECURITY NO. 500-12-2667	17. INFORMANT John A. Longshore	Address Rocky Comfort, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		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) 4201		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.)
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20c. TIME OF INJURY Hour _____ 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 Rocky Comfort, Mo.	COUNTY McDonald	STATE Missouri
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21. I attended the deceased from Dec 27 1958 , to Dec 27 1958 and last saw her alive on Dec 27 1958 Death occurred at 11:47 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Carter</i>	(Degree or title)	22b. ADDRESS Neosho Mo	22c. DATE SIGNED Dec 29, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-30-1958	23c. NAME OF CEMETERY OR CREMATORY Union Cem.	23d. LOCATION (City, town, or county) (State) Rocky Comfort, R#1 Missouri
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24. FUNERAL DIRECTOR W. Morris Roger Wheaton	ADDRESS Neosho Mo	25. DATE RECD. BY LOCAL REG. 12-30-58	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms will be treated.

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Parker, M.D.

(Licenses and Registrar's Statement on Reverse Side)

Health Officer No. *Heather*
District File Number *159-3*
Date Filed *JAN 6* 1959

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 *James Kenneth Dun*
Licensed Embalmer No. *4767*

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.