Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006082
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Freeman Hosp — Length of stay in 1b 30 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho 0734 c — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 608 W, Coler — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Bonnie Middle B. Last Long
4. DATE OF DEATH Month Feb Day 5 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec 12, 1909
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) Grove, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Hupman
13b. MOTHER'S MAIDEN NAME Effie Williamson
14. NAME OF HUSBAND OR WIFE E. Hadley Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT E. Hadley Long Address Neosho, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE
DUE TO (b) MYELOGENOUS LEUKEMIA
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH 6 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2041
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-25-59, to 2-5-59 and last saw her/him alive on 2-5-59
Death occurred at 7:20 P.M. on the date stated above; and to the best of my knowledge death resulted from the causes stated.

22a. SIGNATURE E. H. Hamilton, M.D. (Degree or title)
22b. ADDRESS E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson Joplin, Mo.
22c. DATE SIGNED 2-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-9-1959
23c. NAME OF CEMETERY OR CREMATORY Neosho Memorial Park
23d. LOCATION (City, town, or county) Neosho, Mo. (State)

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Neosho, Mo
25. DATE RECD. BY LOCAL REG. 2-13-59
26. REGISTRAR'S SIGNATURE Dorothy Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 13 1960

JAN 13 1960

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Needham Mass.

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.