

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008344
STATE FILE NUMBER

MAR 23 1958 Registration District No. 13 Primary Registration District No. 5059 Registrar's No. 36

300
-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kings Prarie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Monett
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 1/2 Miles SE Monett		Length of stay in 1b 57 Yrs.	d. STREET ADDRESS (If outside, give location) 5 1/2 Miles SE Monett
3. NAME OF DECEASED (Type or print) First JOHN Middle E. Last LONG			4. DATE OF DEATH Month Mar. Day 5 Year 1959
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 Mar. 30, 1901
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 11 Day 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Barry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Edward Long	
13b. MOTHER'S MAIDEN NAME Mary Jackson		14. NAME OF HUSBAND OR WIFE Jane Mouriland Long	
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. 497-40-9772	17. INFORMANT Address Mrs. John Long, Monett, Mo.
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 thrombosis DUE TO (b) Coronary arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instant 5 yrs
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 10-4-52 to 3-5-59 and last saw her alive on 3-1-59 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank J. New MD (Doctor or title)		22b. ADDRESS Monett, Mo.	22c. DATE SIGNED 3-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Monett, Mo.
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.		25. DATE RECD. BY LOCAL REG. 3-7-59	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.