

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-004507

FILED VS FEB 1 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 82 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood		Length of stay in lb 3 yrs		c. CITY OR TOWN Brentwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9014 Powell			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9014 Powell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) THOMAS LONG				4. DATE OF DEATH Month Jan Day 9 th Year 1960									
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 10/11/1888		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY Railroad L & N.			11. BIRTHPLACE (City and state or country) Unionville, Tenn.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Benton W. Long				13b. MOTHER'S MAIDEN NAME Mary Frances Ledbetter				14. NAME OF HUSBAND OR WIFE Dewey Edwards 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. none			17. INFORMANT Mrs. E. B. West			Address 9014 Powell				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage into right cerebral hemisphere										INTERVAL BETWEEN ONSET AND DEATH 1 hr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease										over 3 years			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Sept 24, 1959 to Jan. 9, 1960 and last saw him alive on Jan. 9, 1960 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>James B. Jones</i>				(Degree or title) M.D.				22b. ADDRESS 9313 Manchester Rd. Rock Hill, S.C.		22c. DATE SIGNED 1-9-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1/10/60		23c. NAME OF CEMETERY OR CREMATORY Lone Oak Cemetery				23d. LOCATION (City, town, or county) (State) Lewisburg, Tennessee					
24. FUNERAL DIRECTOR C.R. Lupton and sons				ADDRESS 7233 Delmar		25. DATE RECD. BY LOCAL REG. 1-10-60		26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schaefer

Licensed Embalmer No. 3264

P. O. Address St. Louis

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.