

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005405

FILED VS MAR 8 1960 53

Registration District No. Primary Registration District No. 3010 Registrar's No. 95

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		Length of stay in 1b		c. CITY OR TOWN <u>ADVANCE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTHEAST HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN</u> <u>—</u> <u>LONG</u>				4. DATE OF DEATH Month Day Year <u>FEBRUARY 28 1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-4-1893</u>	9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Day Hours Min. <u>6 24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>BROWNWOOD, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>TOM LONG</u>		13b. MOTHER'S MAIDEN NAME <u>DONNIA MYRICK</u>		14. NAME OF HUSBAND OR WIFE <u>LENA BONER LONG</u>			
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>NONE</u>		17. INFORMANT <u>LENA LONG</u> Address <u>ADVANCE, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adrenal Failure (Addison's Disease)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Esophagus</u> DUE TO (c) <u>Pulmonary Emphysema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several Mos</u> <u>1 year</u> <u>Several yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 <u>2/16/60</u> to <u>2/28/60</u> and last saw ^{him} alive on <u>2/28/60</u> Death occurred at <u>5:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Signature or title) <u>C.P. McGinty, M.D.</u>				22b. ADDRESS <u>1912 Broadway Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>3/3/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brownwood</u>		23d. LOCATION (City, town, or county) <u>Brownwood, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>W. H. Morgan</u>		ADDRESS <u>Advance, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-4-1960</u>		26. REGISTRAR'S SIGNATURE <u>James Kasten</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 23 1960

STATEMENT BY LICENSED EMBALMER

MAR 8 1960

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 Wm H Morgan

Licensed Embalmer No. 4640

P. O. Address Adams

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.