49

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-024165
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10810
24000
3
4 0
5 3
6
7 0
8 2
94201
10
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12 91-0
13 1-0

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 110

FILED JUL 6 1962

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newburg
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE, ON TRAIN
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN St Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3914 Clanton Ave
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle P Last Long
4. DATE OF DEATH Month June Day 19 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/20/1889
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months 3 Days 29 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walbash R R
10b. KIND OF BUSINESS OR INDUSTRY Rail road
11. BIRTHPLACE (City and state or country) SPrigfield, Mo
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME UNK Long
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE Hazel Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs ROBERT LONG 3914 Clanton Address ST LOUIS 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) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH DOA.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 none, to — and last saw her/him alive on no DOA.
Death occurred at approx 11:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. Lyle (Degree or title) MD
22b. ADDRESS Kirkwood Mo
22c. DATE SIGNED 6/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/22/62
23c. NAME OF CEMETERY OR CREMATORY New ST. Marcus Cemetery
23d. LOCATION (City, town, or county) (State) St Louis Mo.

24. FUNERAL DIRECTOR Lee Johnson ADDRESS Newburg, Mo.
25. DATE RECD. BY LOCAL REG. June 20, 1962
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed W. L. Hawkins
Signature of Student Embalmer

Licensed Embalmer No. 5043

P. O. Address Newburg, 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.