

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

37 -62-033508  
STATE FILE NUMBER

378

6286

37

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 37

FILED AUG 21 1962

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wood Township</b>		c. CITY OR TOWN <b>Mountain Grove</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 Mi. N/W Mtn. Grove</b>		d. STREET ADDRESS (If outside, give location) <b>6 Mi. N/W Mtn. Grove</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Wesley Long</b>		4. DATE OF DEATH Month Day Year <b>August 3, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-2-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wright County, Missouri USA</b>
13a. FATHER'S NAME <b>David Long</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Lila E. Long</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs Florence Barrett, Mtn. Grove, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary PARALYSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Cerebral Thrombosis &amp; Cerebral Hemorrhage</b>			<b>48 hours</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>undetermined</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 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. Month, Day, Year p.m.			
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 <b>MAY 29, 1962</b> to <b>August 3, 62</b> and last saw him alive on <b>Aug 3-1962</b> Death occurred at <b>3.10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard B. Mitchem DO</b>		22b. ADDRESS <b>Mountain Grove, Mo.</b>	22c. DATE SIGNED <b>8-11-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-7-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mtn. Valley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Wright, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ewell C. Craig Mtn Grove, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-15-1962</b>	26. REGISTRAR'S SIGNATURE <b>Bruce L. Silberman</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59  
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USE BLACK INK OR TYPEWRITER RIBBON

**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 *Jewell C. Craig*

Licensed Embalmer No. 4766

P. O. Address Mtn Grove, 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.