MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 68 STATE FILE NUMBER 62-049393

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1140
2 1140
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4 0
5 1
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12 70-0
13 2-0

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

FILED JAN 2 1963

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

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

3. NAME OF DECEASED (Type or print) First Marion Middle Housley Last Long
4. DATE OF DEATH Month Dec. Day 24, Year 1962
5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr. 3, '85
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpentry
11. BIRTHPLACE (City and state or country) Wright Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John M. Long
13b. MOTHER'S MAIDEN NAME Tryphina Allen
14. NAME OF HUSBAND OR WIFE Willie Azalee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. N/A
17. INFORMANT Azalee Long Address Norwood, 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 Atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Arthritis — Many
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 Dec 24 Dec 24 and last saw her/him alive on
Death occurred at Eight A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Lee Conner M.D. Coroner Wright Co
22b. ADDRESS Mtn Grove Mo
22c. DATE SIGNED 12-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/26/62
23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery
23d. LOCATION (City, town, or county) (State) Norwood, Mo.
24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-1962
26. REGISTRAR'S SIGNATURE Bernice L. Silvermen

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1963

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 Everett C. Corning

Licensed Embalmer No. 4766

P. O. Address Milton Grove

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.