

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025195

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 5832 Registrar's No. 51

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission).
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Benton Twp. Length of stay in lb. _____

c. CITY OR TOWN Rural Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Granby RFD #2 Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Granby RFD#2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First HENRY Middle HARLOND Last LONG

4. DATE OF DEATH Month June Day 29 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/9/89 9. AGE (last birthday) 74

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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Newton Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.B.A

13a. FATHER'S NAME Christian Long 13b. MOTHER'S MAIDEN NAME Rachel Greer 14. NAME OF HUSBAND OR WIFE Ella 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 Address Mrs. Ella Long, Granby R.F.D.# 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Cerebral Arteriosclerosis
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 Mo.

21. I attended the deceased from 6-23-63 to 6-29-63 and last saw him alive on 6-23-63
Death occurred at 8:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray S. Kenney M.D. 22b. ADDRESS Neosho Mo. 22c. DATE SIGNED 7-2-63

23a. BURIAL INFORMATION, REMOVE (Specify) Burial 23b. DATE 7-2-1963 23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort 23d. LOCATION (City, town, or county) (State) Newton County Missouri

24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho Mo. 25. DATE RECD. BY LOCAL REG. 7-3-63 26. REGISTRAR'S SIGNATURE Medred Moberly

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 _____

J. Kenneth Davies

Licensed Embalmer No. 3799

P. O. Address Wesley, 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.