

CERTIFICATE OF DEATH

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 4

DO NOT WRITE ON THIS STUB

VS 300  
 Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST 1. James Edward LONG			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 10, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) MO. DAY 5a. 85	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. February 22, 1884	COUNTY OF DEATH 7a. Barry
CITY, TOWN, OR LOCATION OF DEATH 7b. Monett		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Vincent's Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U S A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lucille Elizabeth Metcalf	
SOCIAL SECURITY NUMBER 12. 489-56-2147 T		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b. Farm	
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Barry		CITY, TOWN, OR LOCATION 14c. Cassville		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 404 West 14th Street
FATHER—NAME FIRST MIDDLE LAST 15. Christain Long			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Rachel Greer		
INFORMANT—NAME 17a. Mrs. Lucille Elizabeth Long			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 404 West 14th St. Cassville, Missouri 65625		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE

(a) Myocardial infarction  
 DUE TO, OR AS A CONSEQUENCE OF: *instantaneous*

(b) *Senile atherosclerosis; cholelithiasis*  
 DUE TO, OR AS A CONSEQUENCE OF: *undetermined*

(c) *arteriosclerotic heart disease*  
 DUE TO, OR AS A CONSEQUENCE OF: *undetermined*

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

*Blindness*

19a. AUTOPSY (YES OR NO)  
 19b. No

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
 19c. YES  NO  UNK.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  
 20a.

DATE OF INJURY (MONTH, DAY, YEAR)  
 20b.

HOUR  
 20c.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)  
 20d.

INJURY AT WORK (SPECIFY YES OR NO)  
 20e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)  
 20f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)  
 20g.

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS  
 20h. YES  NO  UNK.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1-30-68 TO 21b. 1-10-70 AND LAST SAW HIM/HER ALIVE ON 21c. 1-10-70 I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.

DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
 21e. 7P

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.  
 22a.

HOUR OF DEATH  
 22b.

THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR  
 22c.

CERTIFIER—NAME (TYPE OF PRINT)  
 23a. MARY Merideth, M.D.

SIGNATURE  
 23b. *Mary Merideth, M.D.*

DEGREE OR TITLE  
 23c. M.D.

DATE SIGNED (MONTH, DAY, YEAR)  
 23d. 1-12-70

MAILING ADDRESS—CERTIFIER  
 23e. 202 West Cassville, Mo. 65625

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)  
 24a. Burial

CEMETERY OR CREMATORY—NAME  
 24b. Maplewood Cemetery

LOCATION CITY OR TOWN STATE  
 24c. Exeter Missouri

DATE (MONTH, DAY, YEAR)  
 24d. Jan. 13, 1970

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
 24e. Culver's Funeral Home, P. O. Box 266, Cassville, Mo. 65625

FUNERAL DIRECTOR—SIGNATURE  
 25a. *Paul D. Hendrick*

REGISTRAR—SIGNATURE  
 25b. *W. B. Cook*

DATE RECEIVED BY SOCIAL REGISTRAR  
 25c. 1-18-1970

9. 0  
 10a. 85  
 10b.  
 11. 0  
 12. 1  
 13. 4109  
 14.  
 15. 4  
 16.  
 17.  
 18. 0  
 19. CREDITS  
 20. 2-0

6650

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.