

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34649

State File No.

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 153

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| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u> | |
| c. LENGTH OF STAY (in this place) <u>10yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | |

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|-------------------------------------|-------------------------|------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Bobby</u> | b. (Middle) <u>Joe</u> | c. (Last) <u>Long</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1951</u> |
|-------------------------------------|-------------------------|------------------------|-----------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|---------------------------|--------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 23, 1932</u> | 9. AGE (In years last birthday) <u>19</u> | 10 UNDER 1 YEAR <u>0</u> | 11 UNDER 10 HRS. <u>0</u> | 12 UNDER 1 MIN. <u>0</u> |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Leslie Long</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Alexander</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Long Crocker</u> | ADDRESS <u>Missouri</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN CONCUSSION</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SKULL FRACTURE</u> | | |
| | DUE TO (c) <u>8/10/51</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 17.7 miles S. of Crocker</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Pulaski</u> (COUNTY) <u>Missouri</u> (STATE) |
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| 21d. TIME OF INJURY <u>Oct. 28/51 4:00am</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>automobile accident</u> |
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22. I hereby certify that I attended the deceased from OCT 28, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 AM., from the causes and on the date stated above.

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|--|---------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Billy Junior Hedger, Coroner</u> | 23b. ADDRESS <u>Crocker, Missouri</u> | 23c. DATE SIGNED <u>10/29/51</u> |
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| 24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 30/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery, Iberia, Missouri</u> | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REG. <u>10-31-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Crocker, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 18-31-51
Public Health Officer
File Number
Date Filed 11-3-51

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. 432

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4532

P. O. Address Berlin, Md

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 this body is not embalmed, fact should be so stated above.