

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016737

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 230

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hosp.</b>		Length of stay in lb 0105 <sup>d</sup> STREET ADDRESS <b>605 Hickman Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>RITA</b> Middle <b>LOUISE</b> Last <b>LONG</b>		4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 1-1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>
13a. FATHER'S NAME <b>Rufus C. Long</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel Davies</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Rufus C. Long</b> Address <b>605 Hickman Ave</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>Extensive pulmonary and retro abdominal hemorrhage, crushing chest &amp; abdominal injury with rib fractures &amp; laceration of liver. Trauma.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>Minutes</b> <b>Minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Struck by automobile</b>	
20c. TIME OF DEATH Hour <b>5:40</b> Month, Day, Year <b>May 19, 1959</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>Columbia</b> COUNTY <b>Boone</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ last saw her alive on _____ Death occurred at <b>approx 5:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Vincent P. Perun MD Coroner</b> (Degree or title)		22b. ADDRESS <b>Univ. of Mo. Medical Bldg</b>	22c. DATE SIGNED <b>21 May 59</b>
23a. BURIAL, CREMATION, or other (Specify) <b>Burial</b>	23b. DATE <b>5/21/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia Missouri</b>
24. FUNERAL DIRECTOR <b>Parkers Funeral Service</b> ADDRESS <b>Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 21 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *George P. Kerby* .....

Licensed Embalmer No. *4727* .....  
P. O. Address *Columbia* .....

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.