

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017099
STATE FILE NUMBER

FILED MAY 20 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 86

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Clay County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hospital</u>		Length of stay in lb <u>10 hours</u>	d. STREET ADDRESS (If outside, give location) <u>Sen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benny Owen Long</u>			4. DATE OF DEATH Month Day Year <u>5-9-59</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-6-35</u>
9. AGE (In years last birthday) <u>24</u>		10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Internat'l Paper Co</u>	11. BIRTHPLACE (City and state or country) <u>Lawton, Okla.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Long</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Pickens</u>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes peace time</u>	16. SOCIAL SECURITY NO. <u>440-36-6118</u>
17. INFORMANT <u>Orva John Long, Dearborn, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Electrical Burns</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>9145</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Shock; Renal failure</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Caught by high voltage wires</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>4:00 a.m. 5-9-59</u>	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.) <u>Highway 9 Parkville, Mo.</u>		
20f. CITY, TOWN, OR LOCATION <u>Parkville</u>		COUNTY <u>Mo.</u>	STATE
21. I attended the deceased from <u>5-9-59</u> to <u>5-9-59</u> and last saw him alive on <u>May 9, 1959</u> . Death occurred at <u>12:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Design or title) <u>L. M. Roberts, M. D.</u>		22b. ADDRESS <u>1906 Erie North Kansas City, Mo.</u>	22c. DATE SIGNED <u>5-9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>May 9 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lawton (Okla)</u>	23d. LOCATION (City, town, or county) (State) <u>Bonner Springs Kans</u>
24. FUNERAL DIRECTOR <u>Ward Harrington</u>		ADDRESS <u>Bonner Spgs., Ks</u>	25. DATE RECD. BY LOCAL REG. <u>5-9-59</u>
26. REGISTRAR'S SIGNATURE <u>Marquise Hudgens</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



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 *Max E Meyer*

Licensed Embalmer No. *4555*

P. O. Address *K C Ks*

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.