

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1960

-60-040989

DED

Registration District No. 27 Primary Registration District No. 4034 Registrar's No. 146

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> , COUNTY <u>BATES</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HUME</u>		Length of stay in 1b <u>50 YEARS</u>		c. CITY OR TOWN <u>HUME</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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>E.</u> Last <u>LONG</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>4</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>April 21, 1898</u>		9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>GEORGE E. LONG</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Cecelia Dilwith</u>				14. NAME OF HUSBAND OR WIFE <u>FLOSSIE LONG</u>					
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 <u>MRS FLOSSIE LONG HUME Mo.</u>							
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>Myocardial heart disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour s.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <u>about 2/1960</u> to <u>about 11/1960</u> and last saw him alive on <u>Jan 2, 1960</u> . Death occurred at <u>Dec. 4, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Ronald A. Jones</u>						22b. ADDRESS <u>Beale's office Mo</u>			22c. DATE SIGNED <u>12/5/60</u>				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Dec. 6, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HUME CITY CEMETERY</u>				23d. LOCATION (City, town, or county) <u>HUME, Mo.</u>					
24. FUNERAL DIRECTOR <u>HEBERS FUNERAL HOME</u>				ADDRESS <u>Hume, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 5, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ronald A. Jones</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Rogers

Licensed Embalmer No. 49

P. O. Address Home,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.