

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000213

STATE FILE NUMBER

FILED VS JAN 9 1961 38 Primary Registration District No. 3006 Registrar's No. 7

DATE AMENDED

INSTEAD OF

DOCUMENT

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>			Length of stay in 1b <b>2 Hrs.</b>		c. CITY OR TOWN <b>Ashland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone Co. Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>601 E. Broadway</b>	
3. NAME OF DECEASED (Type or print) <b>RAY CHARLES LONG Jr.</b>		First Middle Last		4. DATE OF DEATH <b>January 3, 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-31-1925</b>	9. AGE (last birthday) <b>35</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Laborer</b>		11. BIRTHPLACE (City and state or country) <b>Franklin, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ray Charles Long</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Veta Settle</b>			14. NAME OF HUSBAND OR WIFE <b>Beula Berry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Ray C. Long Jr., Ashland, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <b>30 Min.</b>	
IMMEDIATE CAUSE (a) <b>Suffocation</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>Crush Injury</b>							
DUE TO (c) <b>Cave-in Ditch</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 <b>11:00</b> a.m. Month, Day, Year <b>1-3-1961</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Building</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Columbia Boone Missouri</b>	
21. I attended the deceased from <b>12:00 noon 1961</b> to <b>1:30 P.M.</b> and last saw <del>him</del> <sup>xxx</sup> alive on <b>never</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. R. Palmer</i>				(Degree or title)		22b. ADDRESS <b>Columbia, Missouri</b>	
22c. DATE SIGNED <b>1-3-61</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-5-1961</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>Parker Funeral Service, Columbia, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Jan 5 1961</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>							

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 12 1961

JAN 18 1961

VS FEB 15 1961

**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 J. W. Phillips  
Licensed Embalmer No. 4897  
P. O. Address Columbus

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.