

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-51-016481
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 333

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in lb 12 days	c. CITY OR TOWN CHAFFEE
c. FULL NAME OF (If NOT in hospital, give location) UNIV. MO. MED. CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 S. 5th.
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LESTER Middle RAYMOND Last LONG			4. DATE OF DEATH Month 5 Day 26 Year 1961		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-10	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 13 Days 13	IF UNDER 24 HR Hours 13 Min. 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant	10b. KIND OF BUSINESS OR INDUSTRY UN KNOWN	11. BIRTHPLACE (City and state or country) Ret. Bartholomew, Indiana IN. FED STATES	12. CITIZEN OR WHAT COUNTRY IN. FED STATES
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13a. FATHER'S NAME HOWARD LONG	13b. MOTHER'S MAIDEN NAME Gertrude Weaver	14. NAME OF HUSBAND OR WIFE Ruth Long
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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) no	17. INFORMANT MEDICAL RECORDS UNIV. MED. CENTER
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18. CAUSE OF DEATH (Enter only cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EMBOLUS	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CONGESTIVE HEART FAILURE	6 years
	DUE TO (c) Auetic Heart Disease	6 years

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 1:25 Month, Day, Year 5-14-61	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 Chaffee Mo.		COUNTY SCOTT STATE MO.

21. I attended the deceased from **5-14-61** to **5-26-61** and last saw ^{her}him alive on **5-26-61**
Death occurred at **1:25** **P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J Howard Hattery M.D. (Degree or title)	22b. ADDRESS University Med Center, Columbia	22c. DATE SIGNED 5-26-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/1961	23c. NAME OF CEMETERY OR CREMATORY Union Park Cemetery	23d. LOCATION (City, town, or county) (State) Chaffee Mo.
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24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. May 27, 1961	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 7 1962

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 Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia Mo.

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.