

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016825

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 12-63

FILED APR 18 1963

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUSCUMBIA</u>		Length of stay in 1b <u>6 days</u>		c. CITY OR TOWN <u>TUSCUMBIA</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey's Hospital</u>		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>CHANCY</u> Middle <u>HUEY</u> Last <u>LONG</u>			4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1963</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>JAN 30, 1943</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
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>---</u>		11. BIRTHPLACE (City and state or country) <u>SALEM, OREGON</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>DELMAR A. LONG</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCEA ROBINETT</u>	
14. NAME OF HUSBAND OR WIFE <u>MATTHA LONG</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or of unknown) (If yes give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>MARTHA LONG</u>		Address <u>Rural Route Tuscombria, 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 Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> DUE TO (b) <u>Peritonitis</u> <u>4 days</u> DUE TO (c) <u>Gunshot Wound to Abdomen</u> <u>8 days</u>	
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 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>Dropped 22 cal. pistol discharging into Ab</u>	
20c. TIME OF INJURY Hour a.m. <u>7:30 pm</u> Month, Day, Year <u>3-30-63</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>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Tuscombria</u>		COUNTY <u>Miller</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>11-22-62</u> to <u>4-6-63</u> and last saw him alive on <u>4-6-63</u> Death occurred at <u>5:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul Howson D.O.</u> (Degree or title)		22b. ADDRESS <u>Tuscombria, Mo</u>		22c. DATE SIGNED <u>4-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/10/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Robinett Cemetery</u>	
23d. LOCATION (City, town, or county) <u>BRUMLEY, MISSOURI</u>		23e. (State)		24. FUNERAL DIRECTOR <u>Walter Hedges</u> ADDRESS <u>Camdenton, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>4-11-1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. D.E. Kallenbach</u>			

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

10/60
26-60
3
4 0
5 1
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99190
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11 066
12 1-2
13 1-0

APR 19 1963

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

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address

Camdenton, 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.