

FILED APR 16 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10184

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY OR TOWN <u>Hooker Cullen Twp</u>		c. LENGTH OF STAY (in this place) -----		c. CITY OR TOWN <u>Hooker</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Hwy 66</u>				STREET ADDRESS (If rural, give location) <u>Rural 0800</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u>		b. (Middle) <u>Loren</u>		c. (Last) <u>DeLong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 4 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 4 1947</u>		9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolboy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hooker Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Everett M DeLong</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Irene Bell</u>		14. NAME OF HUSBAND OR WIFE <u>None</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'S SIGNATURE OR NAME ADDRESS <u>Everett M. DeLong Hooker Missouri</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Traumatic Injuries</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8124</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 66 8 1/2 Miles</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hooker Pulaski Missouri</u>					
21d. TIME OF INJURY <u>4 4 56 3:35P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto hit Him</u>					
22. I hereby certify that I attended the deceased <u>from</u> on <u>4-4</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or Title) <u>Blair Hedges County Coroner</u>				23b. ADDRESS <u>Richland MO</u>		23c. DATE SIGNED <u>4/6/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hooker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hooker Missouri</u>				
DATE REC'D BY LOCAL REG. <u>4-6-56</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Home, Waynesville, MO</u>					

(Licensed Embalmer's Statement of Reverse Side)

Date Filed 4-7-56
File Number
County Health Officer
RECEIVED 4-6-56

MAY 8 1956

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 Clarence Throck

Licensed Embalmer No. 420

P. O. Address Way...

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