

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045811

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 267

AMENDED

FILED JAN 10 1962

1. PLACE OF DEATH a. COUNTY <u>P helps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla Twp</u>		c. CITY OR TOWN <u>RT. 2 Rolla Mo.</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT. 2</u>		d. STREET ADDRESS (if outside, give location) <u>RT 2</u>	

3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>DeLong</u> Last <u>DeLong</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>28</u> Year <u>1961</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>2-14-1891</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Waynesville Mo</u>	
13a. FATHER'S NAME <u>James M DeLong</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth DeLong</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>Ruth DeLong</u>	Address <u>RT. 2 Rolla</u>
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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>Degenerative Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
DUE TO (b) <u>Arteriosclerosis - failure</u>		
DUE TO (c)		

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	
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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 <u> </u> Month, Day, Year <u> </u> e.m. <u> </u> p.m. <u> </u>		

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 <u>Rolla Mo</u>	COUNTY <u>Phelps</u>	STATE <u>Missouri</u>
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21. I attended the deceased from 26/Dec 1961, to 28 Dec 61 and last saw ^{her}him alive on 12/28/61
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Rolla Mo</u>	22c. DATE SIGNED <u>12/28/61</u>
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23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 31 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hooker Cemetery</u>	23d. LOCATION (City, town, or county) <u>Hooker Missouri</u>
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24. FUNERAL DIRECTOR <u>Lee Johnson Newburg Mo.</u>	ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 30, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

MAR 7 1962

APR 25 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

William L. Strawhecker

Licensed Embalmer No.

5043

P. O. Address

Newbury

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.