WASHINGTON STATE DEPARTMENT OF HEALTH STATE FILE NO. 11500

WASHINGTON STATE DEPARTMENT OF HEALTH

REG. DIST NO. M1

STATE FILE NO. 11443

CERTIFICATE OF DEATH

REGISTRAR'S NO. 264

1. PLACE OF DEATH
a. COUNTY: Yakima
b. CITY, TOWN, OR LOCATION: Yakima
c. LENGTH OF STAY IN 1b: 70 Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): D.O.A. St Elizabeth Hosp
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Yakima
c. CITY, TOWN, OR LOCATION: Yakima
d. STREET ADDRESS: 1010 E. Race
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐
f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Clarence; Middle: ; Last: Long

4. DATE OF DEATH: Month: May; Day: 14; Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-11-1886

9. AGE (In years last birthday): 74
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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Columbus Long

14. MOTHER'S MAIDEN NAME: Ella (Garrett) 4344

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Gladys Long Address: 1010 E Race Yakima, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Died without Medication
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Signs of brain attack
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Immediate.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes ☐ No ■

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour: ; a. m. p. m.: ; Month, Day, Year: 8 1960

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Normal to All and last saw her/him alive on 5-14-60
Death occurred at 4:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. W. Shirley M.D.

22b. ADDRESS: County Coroner

22c. DATE SIGNED: 5-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-18-1960

23c. NAME OF CEMETERY OR CREMATORY: Tahoma Cemetery

23d. LOCATION (City, town, or county) (State): Yakima Washington

24. FUNERAL DIRECTOR ADDRESS: Langevin Funeral Home Yakima Wn.

25. DATE REC'D BY LOCAL REG.: 5-17-60

26. REGISTRAR'S SIGNATURE: STANLEY E. MINER R.

S. F. No. 7784—7-58—80M. 53696.