

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 28 1959

59-028424

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5215 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>TASWELL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kelly Twp</u>	Length of stay in 1b <u>10 HRS</u>	c. CITY OR TOWN <u>EAST PEORIA</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Big Spring State Park</u>		d. STREET ADDRESS (If outside, give location) <u>2200 Springfield Rd</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>Donald</u> Last <u>FARMER</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>22</u> Year <u>1959</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-2-52</u>	9. AGE (last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and state or country) <u>PEORIA, ILL</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Delbert FARMER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Durbin</u>	14. NAME OF HUSBAND OR WIFE <u>2200 Springfield East Peoria, Ill</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>DELBERT FARMER</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>Accidental Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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 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>Drowned while swimming in Current</u>
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20c. TIME OF INJURY <u>3:30</u>	Hour <u>3:30</u> p.m.	Month, Day, Year <u>8/23/59</u>	<u>Rever</u>
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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>Big Springs State Park</u>	20f. CITY, TOWN, OR LOCATION <u>CARTER</u>	COUNTY <u>County Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from _____ Death occurred at <u>3:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Colman McSpadden</u>	Degree or title <u>Crown</u>	22b. ADDRESS <u>Van Buren Mo.</u>	22c. DATE SIGNED <u>8/23/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/23/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glendale Cemetery</u>	23d. LOCATION (City, town, or county) <u>Peoria, Ill</u>
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24. FUNERAL DIRECTOR <u>McSpadden</u>	ADDRESS <u>Van Buren, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 26 - 59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 28 1960

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

Allen C. McSpencer

Licensed Embalmer No. 4543

P. O. Address Van Buren

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.