

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-030003

INDEXED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 289 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN Warrensburg		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 miles north Sedalia		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 1035 Anderson		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) JESS EUGENE WHITE II				4. DATE OF DEATH Month Sept. Day 6 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 1/27/43	
9. AGE (last birthday) 16		IF UNDER 1 YEAR Months 16 Days 16 Hours 16 Min. 16		IF UNDER 24 HR Months 16 Days 16 Hours 16 Min. 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY Student			
11. BIRTHPLACE (City and state or country) Panama, Florida				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Jess E. White		13b. MOTHER'S MAIDEN NAME Norma Miller		14. NAME OF HUSBAND OR WIFE No			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-46-8954		17. INFORMANT Jess E. White		Address WAF.B.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL FROM MOTORCYCLE ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sudala DUE TO (c) Sudala						INTERVAL BETWEEN ONSET AND DEATH Sudala	
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. ☐ Yes ☐ No ☐ Unknown	
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.) motor cycle accident (one vehicle) - passage on cycle - missed a curve and lost right foot			
20c. TIME OF INJURY Hour 6:45 P.m. Month, Day, Year 9-6-59		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.) State Highway		20f. CITY, TOWN, OR LOCATION Pettis	
20g. CITY, TOWN, OR LOCATION Pettis		20h. COUNTY Pettis		20i. STATE Mo			
21. I attended the deceased from 6:45 P and last saw him/her alive on 6:45 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Chas. Dunlon Steinfach						22b. ADDRESS Conner, Pettis Co	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-7-59		23c. NAME OF CEMETERY OR CREMATORY St. Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri		25. DATE RECD. BY LOCAL REG. 9-7-1959		26. REGISTRAR'S SIGNATURE Frances Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. H. H. H. H. H.

Licensed Embalmer No.

4092

P. O. Address

W. H. H. H. H.

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.