

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-033238

FILED VS OCT 5 1959 ³⁹⁰⁹ 270

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. ~~5150~~ Registrar's No. ⁵⁹

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		Length of stay in 1b X	c. CITY OR TOWN Hayti Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 84 North		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Star Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Eddie Middle Guy Last Lester			4. DATE OF DEATH Month Sept. Day 15, Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-22-24	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Station attendant		11. BIRTHPLACE (City and state or country) Gatesville, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry W. Lester		13b. MOTHER'S MAIDEN NAME Lucille Glover		14. NAME OF HUSBAND OR WIFE Verleen Lester		
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. +28-46-4002		17. INFORMANT Address Verleen Lester Hayti, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Internal Injuries		
DUE TO (b) Run over by automobile		
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

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.) Run over by automobile
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20c. TIME OF INJURY Hour I a.m. 9-15-59 Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) State highway 84	20f. CITY, TOWN, OR LOCATION near Caruthersville	COUNTY Pe	STATE iscot Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **1 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ames G. Dalton</i>	(Degree or title) Coroner	22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 9-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-20-59	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	23d. LOCATION (City, town, or county) (State) Caruthersville Mo.
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24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-19-59	26. REGISTRAR'S SIGNATURE <i>Fredie B. Weeks</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 Embalmed by Hennes Fike, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hennes Fike, By Jimmy Fike

Licensed Embalmer No. 4185

P. O. Address Hays, Mo.

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