

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-033382

FILED VS OCT 13 1959

292

Registration District No. Primary Registration District No. Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ralls,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ralls,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saltriver Township		Length of stay in lb 40Yrs		c. CITY OR TOWN Perry, Mo. R.F.D.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Mo. R.F.D.			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Saltriver Township		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last BIRDIE M. WHALEN.				4. DATE OF DEATH Month Day Year Oct 7, 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1-27-1877		9. AGE (last birthday) 82	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ralls Co, Missouri,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Everett Hawkinson		13b. MOTHER'S MAIDEN NAME Mildred Landruth,		14. NAME OF HUSBAND OR WIFE Michel Whalen.			
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.		17. INFORMANT Address John Whalen, Perry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thromboses						INTERVAL BETWEEN ONSET AND DEATH 10 min	
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. ☐ 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 10-7-59 , to 10-7-59 and last saw her alive on 10-7-59 Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ernest T. Swan D.O.				22b. ADDRESS Perry, Missouri.		22c. DATE SIGNED 10-9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-10-59	23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery.		23d. LOCATION (City, town, or county) Ralls Co. Mo.		
24. FUNERAL DIRECTOR Clyde B. Cuning.				25. DATE RECD. BY LOCAL REG. Oct 10, 1959		26. REGISTRAR'S SIGNATURE Clyde B. Cuning	

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1959

OCT 2 1959

77.5-7-1

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 Clyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Missou

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.