

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-038886

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. Registrar's No. 76

ENDED

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grassy		Length of stay in 1b 9 Yrs.		c. CITY OR TOWN Grassy		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐		
3. NAME OF DECEASED (Type or print) First Middle Last Anna Vinyard				4. DATE OF DEATH Month Day Year 11 16 '59				
5. SEX F	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/10/07	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Piggott, Ark.			12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Willard Sarver			13b. MOTHER'S MAIDEN NAME Frona Collier			14. NAME OF HUSBAND OR WIFE Tom Vinyard		
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. None		17. INFORMANT Tom Vinyard, Grassy, 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) Circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cardio Respiratory Vascular disease DUE TO (b) Cardio Respiratory Vascular disease 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							INTERVAL BETWEEN ONSET AND DEATH	
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 12:30 PM / 50 to 11/16/59 and last saw her alive on 11/13/59 Death occurred at 12:30 PM / 50 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John J. Myers DO (Degree or title)				22b. ADDRESS Luterville Mo		22c. DATE SIGNED 11/20/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/18/59		23c. NAME OF CEMETERY OR CREMATORY Piggott, Cem.		23d. LOCATION (City, town, or county) (State) Piggott, Arkansas		
24. FUNERAL DIRECTOR Kenneth Riley, Luterville Mo		ADDRESS 11-23-59		25. DATE RECD. BY LOCAL REG. 11-23-59		26. REGISTRAR'S SIGNATURE Miss Buford Crider		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

JAN 7 1960

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

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 R.O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.