

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FILED VS NOV 17 1959

59-040107

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrars No. 5231

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 1 day	c. CITY OR TOWN Sedalia
c. FULL NAME OF (IF NOT in hospital, give location) Children's Mercy Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Star Route
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Anthony Joe Hieronymus			4. DATE OF DEATH Month Day Year 10-7-59			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-59	9. AGE (last birthday) 3 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Langwood, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel Hieronymus	13b. MOTHER'S MAIDEN NAME Lilly Anderson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Samuel Hieronymus	Address Star Route Sedalia, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral anoxia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) bulbar poliomyelitis	
	DUE TO (c) Poliomyelitis	

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 type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 10-16-59 to 10-7-59 and last saw her alive on 10-7-59. Death occurred at 8:53 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. C. Miller (Degree or title)	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 10-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-31-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Sedalia, Mo. (State)
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24. FUNERAL DIRECTOR Gillespie Funeral Home, Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 10-31-59	26. REGISTRAR'S SIGNATURE Neal Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. C. MILLER

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 W. L. Shaffer

Licensed Embalmer No. 5063

P. O. Address Sedalia, 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.