

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

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59-040681

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 174

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jasper	a. STATE	Mo. b. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	MINERAL TWP.	c. CITY OR TOWN	Webb City
Length of stay in 1b	3 mos.	Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Elm Hurst Nursing Home	d. STREET ADDRESS	1 mi. West
Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(If outside, give location)	Reside on Farm
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
Pearl	Cromwell	Richardson	Nov.	26 1959
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
Female	White		1-5-1880	79
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)	12. CITIZEN OF WHAT COUNTRY
homemaker		Own home	Webb City, Mo.	U S A
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE deceased
Dan Bradford		Florinda Adams		Albert Richardson-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address	
no		none	W. Daniel Margrave, Pittsburg, Kan	

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)	<u>Cerebral hemorrhage</u>	<u>8 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arterio sclerosis + hypertension</u>	
	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 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.)	
20c. TIME OF INJURY	Month, Day, Year		

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
21. I attended the deceased from <u>9/12/59</u> to <u>11/26/59</u> and last saw her alive on <u>November 26, 59</u> . Death occurred at <u>5:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>W. Daniel Margrave, M.D.</u>	<u>Webb City, Mo</u>	<u>11/29/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<u>BURIAL</u>	<u>11-28-1959</u>	<u>Webb City Cemetery</u>
23d. LOCATION (City, town, or county)		(State)
<u>Webb City</u>		<u>Mo.</u>

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>SMITH FUNERAL HOME Pittsburg, Kans.</u>	<u>11-30-59</u>	<u>Mrs. Madeline Switzer</u>

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence W. Chiles

Licensed Embalmer No. 3472

P. O. Address Jenar 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.

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