

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

## 59-040927

FILED VS DEC 9 1959 200

Registration District No. \_\_\_\_\_ Primary Registration District No. 3041 Registrar's No. 199

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Summit</u>		<b>2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)</b> a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> c. CITY OR TOWN <u>Brewer</u> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mary</u> Middle <u>Viola</u> Last <u>Lobmire</u>			<b>4. DATE OF DEATH</b> Month <u>11</u> Day <u>23</u> Year <u>59</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OF RACE</b> <u>white</u>	<b>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></b>	<b>8. DATE OF BIRTH</b> <u>10-27-30</u>	<b>9. AGE (last birthday)</b> <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <u>Sullivan, Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>George M. Callahan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Harriett Baker</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Alan Lobmire</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> Address <u>Alan Lobmire Brewer Mo</u>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____ <b>STATE</b> _____	

21. I attended the deceased from Nov. 14, 1959 to Nov 23, 1959 and last saw her alive on Nov 23, 1959  
 Death occurred at 6:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Carl T. Rincker M.D.</u>		<b>22b. ADDRESS</b> <u>1101 N. Jackson Macon Mo</u>		<b>22c. DATE SIGNED</b> <u>11-27-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>11-26-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>West Oakwood Cem</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Brewer Mo</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Edwards Brewer Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12/2/59</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <u>Ruth Mcneely</u>				_____	

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. Edwards*

Licensed Embalmer No. 1941

P. O. Address Scarsdale, N.Y.

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.