

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-043054

FILED VS NOV 30 1959

340

Primary Registration District No. 3675

Registrar's No. 1

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in lb 1 year	c. CITY OR TOWN Dexter Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 N. Elm St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 621 N. Elm St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Georgia Middle Christine Last Demaree			4. DATE OF DEATH Month November Day 13 Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-13-20	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home-maker	11. BIRTHPLACE (City and state or country) Dover, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME M. L. Sturges	13b. MOTHER'S MAIDEN NAME Jessie Mullins	14. NAME OF HUSBAND OR WIFE Chalmer Demaree
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 334-22-0463	17. INFORMANT M. L. Sturges	Address Dexter, 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 sudden
IMMEDIATE CAUSE (a) Shot 3 times by a 38 caliber pistol, shot twice in the head and once in the chest.		
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. <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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Coroner's jury found she met her death by
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20c. TIME OF INJURY 8:30	Hour 11-12-59 Month, Day, Year	gun-shot wounds inflicted by Chalmer Demaree
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Dexter, Mo.
		COUNTY Stoddard STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **8:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Nash Watkins</i> (Degree or title) Coroner	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 11-17-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-15-59	23c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	23d. LOCATION (City, town, or county) (State) Dexter, Missouri
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24. FUNERAL DIRECTOR Watkins & Sons	ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 11-17-59	26. REGISTRAR'S SIGNATURE <i>W. J. Jenkins</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

