

FEDERAL BUREAU OF INVESTIGATION

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-043082

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 111

ENDED

1. PLACE OF DEATH a. COUNTY <u>Taney</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>rural Hollister</u> Length of stay in 1b <u>years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Taney</u> c. CITY OR TOWN <u>Hollister</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>rural</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #				
3. NAME OF DECEASED (Type or print) First <u>PHILLIP</u> Middle <u>R.</u> Last <u>BESSE</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>28</u> Year <u>1959</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> #	8. DATE OF BIRTH <u>Aug. 2, 1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>26</u> Hours <u> </u> Min. <u> </u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>public worker</u>		11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Besse</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Besse</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs Goldie Thurman, Hollister, Mo</u> Address			
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>suffocation</u>						<u>instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>fire</u>							
DUE TO (c) <u>house burning</u>							
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 checked="" 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.) <u>house caught on fire, trapping him</u>					
20c. TIME OF INJURY Hour <u>7:30 PM</u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u>11-28-59</u>		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.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Hollister</u> COUNTY <u>Taney</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>never</u> , to <u>never</u> and last saw <u>never</u> him alive on <u>never</u> . Death occurred at <u>7:30 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Walter S. Cobb Coroner</u>				22b. ADDRESS <u>Branson, Mo</u>		22c. DATE SIGNED <u>11/29/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>12-1-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gobblers Knob Cem.</u>		23d. LOCATION (City, town, or county) <u>Hollister, Mo</u> (State)		
24. FUNERAL DIRECTOR <u>Whelchel Chapel Branson, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-7-59</u>		26. REGISTRAR'S SIGNATURE <u>Walter Campbell</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
or by Was not embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter S. Cook

Licensed Embalmer No. 4731

P. O. Address Princeton

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.