

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

59-043180

FILED VS. DEC 14 1959

372

Primary Registration District No. 6269

Registrar's No. 50

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>OSARK Township</b>		Length of stay in lb <b>5 DAYS</b>	c. CITY OR TOWN <b>NIANGUA MO</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WEBSTER CO REST HOME</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NIANGUA MO</b>

3. NAME OF DECEASED (Type or print) First <b>PEARL</b> Middle <b>SITHENS</b> Last <b>SITHENS</b>			4. DATE OF DEATH Month <b>NOV</b> Day <b>27</b> Year <b>1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-9-1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>WILLIAM RENFROW</b>		13b. MOTHER'S MAIDEN NAME <b>BEAUE FITZ PATRICK</b>		14. NAME OF HUSBAND <b>NOAH N.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-42-5666</b>	17. INFORMANT <b>NOAH SITHENS NIANGUA MO</b>		

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) <b>MEDULLARY PARALYSIS</b>		
DUE TO (b) <b>CEREBRAL THROMBOSIS</b>		
DUE TO (c) <b>ARTERIOSCLEROSIS</b>		
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 checked="" 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 Hour <b>11:20</b> a.m. <b>PM</b> Month, Day, Year <b>11/27/59</b>		

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 <b>NIANGUA MO</b>	COUNTY <b>MO</b>	STATE <b>MO</b>
21. I attended the deceased from <b>6/4/59</b> to <b>11/27/59</b> and last saw her alive on <b>11/27/59</b> . Death occurred at <b>11:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>Marionville, Mo.</b>	22c. DATE SIGNED <b>12/2/59</b> (State)
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-29-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NIANGUA</b>
24. FUNERAL DIRECTOR <b>BARBER-EDWARDS MARSHFIELD</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-7-59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

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

*George Starks*

Licensed Embalmer No. 3161

P. O. Address W. H. [unclear]

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.