

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN - 7 1960

'59 0 4 3 2 6 6

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 95

UNDECEASED

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

3. NAME OF DECEASED (Type or print)	First <b>WILLIAM</b>	Middle <b>S.</b>	Last <b>CLEVINGER</b>	4. DATE OF DEATH	Month <b>DEC.</b>	Day <b>2</b>	Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 13-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CATO, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>JOE CLEVINGER</b>	13b. MOTHER'S MAIDEN NAME <b>GEORGIA (Unknown)</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Rest home records</b>	Address
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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
IMMEDIATE CAUSE (a)	<b>Cerebral thrombosis</b>	<b>8 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	<b>Cerebral arteriosclerosis</b>	<b>unknown</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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Feb. 19 59 to 11-25-59 and last saw her/him alive on 11-25-59  
 Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Mary Newman M.D.</i>	(Degree or title)	22b. ADDRESS <i>Cassville Mo.</i>	22c. DATE SIGNED <i>12-14-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-4-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Purdy Cemetery</b>	23d. LOCATION (City, town, or county) <b>Purdy, Missouri</b>
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24. FUNERAL DIRECTOR <b>Doyle E. Williamson, Cassville, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-15-59</b>	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>
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(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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.