

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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FILED VS. JAN - 4 1960 53

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STATE FILE NUMBER

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>2 hours</u>	c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1622 S. Sprigg St.</u>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>DePriest</u> Middle _____ Last <u>Wrens</u>			<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/26/59</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months <u>--</u> Days <u>--</u> Hours <u>2</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Earvin Wrens</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Williams</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Mrs. Louise Williams Wrens,</u> Address <u>1622 S. Sprigg, Cape Gir., 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>Colloped Lunges</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
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). <u>Prematurity weight 1 lb 2 g</u>					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 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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 _____	
21. I attended the deceased from <u>Dec 26, 1959</u> to <u>Dec 26, 1959</u> and last saw <sup>her</sup> him alive on <u>Dec 26, 1959</u> . Death occurred at <u>6:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. W. England D.D.</u>			22b. ADDRESS <u>46 N Main Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>Dec 28, 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/26/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		
24. FUNERAL DIRECTOR <u>L.R. Spunk</u> ADDRESS <u>Cape Gir., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-29-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dean Kasten</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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

**This body was not embalmed.**

Signed Clara N. Holmes

Licensed Embalmer No. 4190

P. O. Address Charleston

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.