

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

FILED VS JAN 11 1960

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STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 89

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>OR</u> TOWN <u>Marceline</u>		Length of stay in 1b <u>4 hours</u>	c. CITY OR TOWN <u>Monroe City</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>St. Francis hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>-----</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lillian</u> Middle <u>Perry</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>December</u> Day <u>25</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/96</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Proprietor Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (City and state or country) <u>New Cambria, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Elmer T. Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Brammer</u>		14. NAME OF HUSBAND OR WIFE <u>Alonzo Roland Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>499 05 7348</u>	17. INFORMANT Address <u>A.R. Jones, Monroe City, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Infarction</u>	
	DUE TO (c) <u> </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	
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19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>			

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 1956 to 12-25-59 and last saw her live on 12-25-59
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert W. Smith MD</u> (Degree or title)		22b. ADDRESS <u>Marceline, Mo</u>		22c. DATE SIGNED <u>12-26-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 27, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Callao, Mo.</u>	
24. FUNERAL DIRECTOR <u>H.J. Gilleland</u> ADDRESS <u>New Cambria, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-59</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS JAN 25 1960

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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria

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.