

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**

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

FILED VS. DEC 28 1959 *278*

Registration District No. \_\_\_\_\_

Primary Registration District No. *5909*

Registrar's No. *78*

*'59 0 4 4 9 3 4*

STATE FILE NUMBER

RECEIVED

2-11-60  
2-11-60  
November 2, 1959  
November 5, 1959  
20c December 3, 1959  
22c December 3, 1959  
BY AFFIDAVIT OF CORONER

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little Prairie</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Caruthersville</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>3 miles South of City</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>922 Gran<sup>d</sup> Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>James F. Ross</u>				4. DATE OF DEATH Month Day Year <u>12-11-59</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 type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/7/1935</u>	9. AGE (last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</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>Machinac</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James M. Ross</u>			13b. MOTHER'S MAIDEN NAME <u>Lorene Wyatt</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Air Force</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Mrs. James Ross Caruthersville.</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>Capitulation</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>Carbon Monoxide Poisoning</u>		DUE TO (c) <u>Fumes from Automobile</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 type="checkbox"/>	SUICIDE <input checked="" 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>Fall from exhaust to car window</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>11:25</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>Caruthersville Pemiscot, Mo.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Caruthersville Pemiscot, Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>James A. Osburn, Coroner</u>				22b. ADDRESS <u>Wardell, Mo.</u>			22c. DATE SIGNED <u>11-5-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/5/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>LaForge Undertkg. Co. Caruthersville</u>				25. DATE RECD. BY LOCAL REG. <u>12-11-59</u>		26. REGISTRAR'S SIGNATURE <u>Fessie B. Wilke</u>			

VS FEB 24 1960

VS FEB 16 1960

MS DEC 28 1959

FEB 24 1960

JAN 26 1960

JAN 8 1960

DEC 29 1959

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 \_\_\_\_\_

Signed Nalet Dean

Signature of Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Conelike

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.