

**FEDERAL BUREAU OF INVESTIGATION  
FILED VS JAN - 8 1960**

**'59 0 45 1 4 6**

ENDED

Registration District No. 314 Primary Registration District No. 4259 Registrar's No. 62 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osceola</b>		Length of stay in 1b <b>6 days</b>		c. CITY OR TOWN <b>Humansville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osceola Medical Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. #3</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Martin</b> Middle <b>Robinson</b> Last <b>Reed</b>				4. DATE OF DEATH Month <b>12</b> Day <b>27</b> Year <b>1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</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>6/28/1875</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Cedar Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Reed</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Walker</b>			14. NAME OF HUSBAND OR WIFE <b>Sarah</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>			16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT Address <b>Mrs. Sara? Reed, Humansville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
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)						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 <b>21 Dec 59</b> to <b>27 Dec 59</b> and last saw him alive on <b>27 Dec 59</b> Death occurred at <b>10:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>D. H. Pesler M.D.</b>				22b. ADDRESS <b>Osceola Mo</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/30/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Alder Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cedar Col., Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Beckwith Funeral Home, Humansville, Mo. 1-1-60</b>				25. DATE RECD. BY LOCAL REG. <b>1-1-60</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Seewers</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

*O. H. Beckwith*

Licensed Embalmer No. 3937

P. O. Address Humansville,

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.