

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

'59 046494

STATE FILE NUMBER

FILED **DEC 28 1959 324** Primary Registration District No. **6093** Registrar's No. **201**

ENDED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		Length of stay in 1b 30 years		c. CITY OR TOWN Marshall Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saline County Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD#4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Charley Middle Brobst Last Brobst			4. DATE OF DEATH Month Dec. Day 26. Year 1959						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-29-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient			10b. KIND OF BUSINESS OR INDUSTRY County Home		11. BIRTHPLACE (City and state or country) Texas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			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) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Saline Co. Home record, Marshall, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH 20 11:17	
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 2:30 a.m. am Month, Day, Year Dec 1st 1959		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.)		20f. CITY, TOWN, OR LOCATION Marshall		COUNTY Missouri STATE Mo.	
21. I attended the deceased from Dec 1st 1959 to Dec-21-59 and last saw ^{her} him alive on Dec 21-1959 Death occurred at 2:30 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) C. L. Lawless M.D.					22b. ADDRESS Marshall Mo.			22c. DATE SIGNED 12-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-28-1959	23c. NAME OF CEMETERY OR CREMATORY Miami Cemetery		23d. LOCATION (City, town, or county) Miami, Missouri (State)				
24. FUNERAL DIRECTOR Campbell-Lewis ADDRESS Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 12-26-59		26. REGISTRAR'S SIGNATURE Carl G. Read.			

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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.W. Campbell

Licensed Embalmer No. 3467

P. O. Address Marshall

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.