

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

FILED VS FEB 15 1960

760-000005

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 25 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b		c. CITY OR TOWN GIBBS, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home # 1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FREO Middle RONALD Last CALEF			4. DATE OF DEATH Month JAN Day 26 Year 1960					
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 29, 1880	9. AGE (last birthday) 79	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) TRADER		10b. KIND OF BUSINESS OR INDUSTRY TRADING		11. BIRTHPLACE (City and state or country) KNOX COUNTY, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES W. CALEF		13b. MOTHER'S MAIDEN NAME VIRGINIA PARSONS		14. NAME OF HUSBAND OR WIFE MR ANNIE YOUNT CALEF DECEASED				
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 PAUL CALEF	Address GIBBS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) late Overwhelming Toxemia						INTERVAL BETWEEN ONSET AND DEATH days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Staphylococcal Bronchial Pneumonia				days		
		DUE TO Multiple Cerebral Infarcts of unknown cause				weeks		
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 checked="" 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 _____ 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 Sept 1, 1959 to Jan 26, 1960 and last saw him alive on Jan 26, 1960 Death occurred at 8:21 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William F. Berger D.O.				22b. ADDRESS Kirksville, Mo		22c. DATE SIGNED 2/4/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 28, 1960	23c. NAME OF CEMETERY OR CREMATORY UNION		23d. LOCATION (City, town, or county) GIBBS		23e. (State) Mo.		
24. FUNERAL DIRECTOR William F. Berger			ADDRESS Brushy, Mo	25. DATE RECD. BY LOCAL REG. 2-9-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WILLIAM F. BERGEN, D.O.

MAR 17 1951

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 KELLEY ROGERS, Student Embalmer No. 580

working under my personal supervision.

Student Kelley Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4790

P. O. Address Edison, N.J.

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.