

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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-60-004727

FILED VS. JAN 28 1960

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **28**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 1 day		c. CITY OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First PAUL Middle MULCAHY Last MULCAHY				4. DATE OF DEATH Month 1 Day 16 Year 1960									
5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-15-80		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 3 Days 1 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Union County, Ky.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Dennis T. Mulcahy				13b. MOTHER'S MAIDEN NAME Mary Jane Sigler				14. NAME OF HUSBAND OR WIFE Dicie Whitworth					
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. 494-43-2 286		17. INFORMANT Address Route #1 Mrs. Dicie W. Mulcahy, Sikeston, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach										INTERVAL BETWEEN ONSET AND DEATH 1 year			
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 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 1-9-60 to 1-16-60 and last saw him alive on 1-16-60 Death occurred at 12:26 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. M. Lando, M.D.						22b. ADDRESS Sikeston, Mo.				22c. DATE SIGNED 1-17-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-17-1960		23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories				23d. LOCATION (City, town, or county) (State) Sikeston, Mo.					
24. FUNERAL DIRECTOR Edw. E. Nunnelee ADDRESS Nunnelee Fun. Chapel, Sikeston, Mo.						25. DATE RECD. BY LOCAL REG. 1-22-60		26. REGISTRAR'S SIGNATURE Mrs. Della Hunter					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Fennel

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.