

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005000

FILED VS MAR 7 1960 / 0

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b yrs	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1123 E. Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alma Middle B. Last Noel			4. DATE OF DEATH Month March Day 1 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-10-93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (City and state or country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William F. Bryson		13b. MOTHER'S MAIDEN NAME Lina Palmer		14. NAME OF HUSBAND OR WIFE Bruce Noel	
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. 491-05-6381	17. INFORMANT Address Mr. Bruce Noel Mexico, 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) Malignant Brain Tumor (C11a) Right DUE TO (b) Temporal lobe Metastasis of Brain Tumor DUE TO (c) convulsions Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH Sept 27-1957 Feb-1960
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> Month, Day, Year					
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.) <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <input checked="" type="checkbox"/>	COUNTY	STATE	
21. I attended the deceased from Fel 11-60 to 3/4/60 and last saw her him alive on Feb 29-60 Death occurred at 3-1-60 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Larry F. O'Brien M.D.			22b. ADDRESS Mexico, Missouri		22c. DATE SIGNED 3/2/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-1960	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri		
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. March 3-1960	26. REGISTRAR'S SIGNATURE Blanche Neely		

DOCUMENT

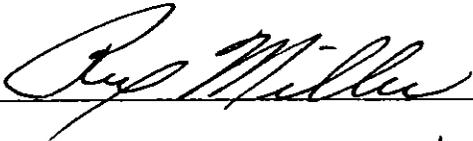
MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. 449

P. O. Address Mejico

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.