

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-005057

FILED VS. FEB 25 1960

14

Primary Registration District No. 5045

Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark Twsp.		Length of stay in 1b 63 yrs		c. CITY OR TOWN Ozark Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Mulberry, Kansas, R#1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle JOSEPH Last WHITE				4. DATE OF DEATH Month Feb Day 17 Year 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-23-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Liberal, Missouri		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME Joseph White			13b. MOTHER'S MAIDEN NAME Jane Tipton Carpenter			14. NAME OF HUSBAND OR WIFE Jennie Ellen Winship			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 487-07-1115		17. INFORMANT Address Mrs. Jennie E. White, Mulberry, Kans. R1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Deкомпensation							INTERVAL BETWEEN ONSET AND DEATH 2 wks.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Iliac Thrombosis & Dependant Edema							10 days		
DUE TO (c) Sepsis due to Pneumonitis							3 wks.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema & Atelectases						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 Nov. 5, 1946 to Feb. 17, 1960 and last saw him alive on Feb. 16, 1960 . Death occurred at 10:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or title) M. H. Kneeland, D.O.				22b. ADDRESS Liberal, Mo.				22c. DATE SIGNED 2-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb 20 1960	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery		23d. LOCATION (City, town, or county) (State) Barton County, Missouri				
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri				25. DATE RECD. BY LOCAL REG. February 20, 1960		26. REGISTRAR'S SIGNATURE Charlotte McDowell			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 18 1980

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MD

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.