

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-006003

FILED VS FEB 16 1960

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 24

STATE FILE NUMBER

INDEXED

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ridgeway</u> | Length of stay in lb <u>5 days.</u> | c. CITY OR TOWN <u>Ridgeway Mo</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If not in hospital, give location) <u>North part Ridgeway</u> | | d. STREET ADDRESS (If outside, give location) <u>North main st.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) <u>William Martin Stackwell</u> | | | 4. DATE OF DEATH <u>2-11-1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-9-89</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Harrison Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Jim Howe Stackwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Missouri C. Spence</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT <u>Marvin Pally Ridgeway Mo</u> Address | | | |

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|--|-------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>3 yrs</u> |
| IMMEDIATE CAUSE (a) <u>Drugging</u> | | |
| Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. | DUE TO (b) <u>Myocarditis</u> | |
| DUE TO (c) | | |

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| 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 | |
|---|--|--|--|

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| 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.) <u>None</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year <u>None</u> | | |

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|---|--|---|---------------------------|--------------------|
| 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 <u>Ridgeway</u> | COUNTY <u>Harrison</u> | STATE <u>Mo</u> |
| 21. I attended the deceased from <u>Feb. 1958</u> to <u>Feb 11-60</u> and last saw <u>him</u> alive on <u>Feb 11-1960</u> Death occurred at <u>Feb 11, 1960 1:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <u>Lella Brewer M.D.</u> | | 22b. ADDRESS <u>Ridgeway</u> | 22c. DATE SIGNED <u>Feb 13, 1960</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-14-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Yankee Ridge Cemetery 1/2 mi. S-1 mile East Ridgeway Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Robert R. Bagger, Ridgeway Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-13-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u> |

(Licensed Embalmer's Statement on Reverse Side)

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 Robert R. Boggers

Licensed Embalmer No. 35-76

P. O. Address Ridgeway

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.