

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

FILED VS MAR 7 1960

-60-007149

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 33

STATE FILE NUMBER

| | | | | | | | | |
|---|--|---|--|---|---|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>817 Brookfield Ave.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>817 Brookfield Ave.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Laundis Yancy</u> | | | | 4. DATE OF DEATH Month Day Year <u>March 1 1960</u> | | | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept 1 1888</u> | 9. AGE (last birthday) <u>74</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>7 8</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Proprietor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state of country) <u>Brookfield Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | |
| 13a. FATHER'S NAME <u>Charles L. Yancy</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Dick</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hermia Yancy</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs Hermia Yancy Brookfield Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis with occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Senility</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> | |
| 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 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 <u>May 1950</u> to <u>March 1960</u> and last saw ^{her} him alive on <u>Feb 19 1960</u> Death occurred at <u>12:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John R. Dyer M.D.</u> | | | | 22b. ADDRESS <u>Brookfield Mo</u> | | | 22c. DATE SIGNED <u>March 2 1960</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-4-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | | 23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u> | | | |
| 24. FUNERAL DIRECTOR <u>Homer Bowden Brookfield Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3-4-60</u> | | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson dep</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 Homer A. Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield

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.