

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009778

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3032 Registrar's No. 81

ENDED

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Township | | Length of stay in 1b Minutes | | c. CITY OR TOWN Centralia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 54 Highway East of Mexico, Mo. 10 Miles | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Allen St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle LeRoy Last Kersting | | | | 4. DATE OF DEATH Month March Day 28 Year 1960 | | | | |
| 5. SEX Male | 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 1-24-35 | 9. AGE (last birthday) 25 | 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) Mechanic | | | 10b. KIND OF BUSINESS OR INDUSTRY Auto | | 11. BIRTHPLACE (City and state or country) Montgomery Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Joe Kersting | | | 13b. MOTHER'S MAIDEN NAME Jennie Meyerpeter Benz | | | 14. NAME OF HUSBAND OR WIFE Betty Bybee Kersting | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) Jan 34 - Jan 57 | | | 16. SOCIAL SECURITY NO. 495-36-0483 | | 17. INFORMANT Address Mrs. Betty Kersting - Centralia, 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) Crushing injuries to chest | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 15 Min. | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Automobile collision | | | | | | |
| 20c. TIME OF INJURY Hour 11:30 Month, Day, Year 3-28-60 p.m. | | | | | | | | |
| 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.) Highway 54 | | 20f. CITY, TOWN, OR LOCATION Audrain Mo. | | COUNTY STATE | | |
| 21. I attended the deceased from 11:45 to 1:00 and last saw him alive on 3-28-60 Death occurred at 11:45 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) William J. Jacewicz, Coroner | | | | 22b. ADDRESS 112 N. Clark Mexico Mo. | | | 22c. DATE SIGNED 3-29-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE March 31, 60 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 23d. LOCATION (City, town, or county) Mexico, Mo. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo. | | | 25. DATE RECD. BY LOCAL REG. Mar 30-1960 | | 26. REGISTRAR'S SIGNATURE Blanche Neely | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 7 1960

APR 5 1960

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 Leo S. Whiteaker

Licensed Embalmer No. 4780

P. O. Address Murphy, N.C.

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.