

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

## 60-010706

FILED VS MAR 29 1960

Registration District No. 138

Primary Registration District No. 5528

Registrar's No. 12

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Hickory</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Weaubleau</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Bolivar</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 miles S. W.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mae</u> Middle <u>Mariah</u> Last <u>Redford</u>				<b>4. DATE OF DEATH</b> Month <u>3</u> Day <u>21</u> Year <u>60</u>									
<b>5. SEX</b> <u>Fe</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>10/4/82</u>		<b>9. AGE</b> (last birthday) <u>77</u>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -		<b>11. BIRTHPLACE</b> (City and state or country) <u>Green Castle, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>				
<b>13a. FATHER'S NAME</b> <u>Daniel L. Thompson</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Rhodes</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>W. P. Redford</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) -				<b>16. SOCIAL SECURITY NO.</b> -		<b>17. INFORMANT</b> Address <u>W. P. Redford R 1 Bolivar, Mo.</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis.</u>										INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
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						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>									
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>3/20/60</u> to <u>3/21/60</u> and last saw her <u>5:45 P.</u> alive on <u>3/20/60</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>M J Roberson</u> (Degree or title)					<b>22b. ADDRESS</b> <u>M O Humansville, Mo</u>					<b>22c. DATE SIGNED</b> <u>3/22/60</u>			
<b>23a. BURIAL, CREMATION, REPOUSE</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>3/24/60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Flemington Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) <u>Flemington, Missouri</u>						
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Beckwith Funeral Home Humansville, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>3/24/1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mary Johnson</u>						

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville

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.