

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-011883

FILED VS APR 6 1960

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>				2. USUAL RESIDENCE (Where, deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Morgan</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rocky Mt. (Orange Twp.)</b>		Length of stay in 1b		c. CITY OR TOWN <b>Rocky Mt.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deem's Ranch</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Deem's Ranch</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>HERMAN</b> Last <b>MARCEE</b>				4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-2-90</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Ret. Store Room Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Diesel Co.</b>		11. BIRTHPLACE (City and state or country) <b>Steelville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Marcee</b>			13b. MOTHER'S MAIDEN NAME <b>Elizebeth Gilmore</b>			14. NAME OF HUSBAND OR WIFE <b>Ruth Goff Marcee</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Ruth Marcee</b>		Address <b>Rocky Mt., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b> DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardiac Decompensation</b>							INTERVAL BETWEEN ONSET AND DEATH	
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 <b>MAY 12, 1958</b> to <b>MARCH 31, 1960</b> and last saw him alive on <b>MARCH 23, 1960</b> Death occurred at <b>8:30</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Robert E. Mason Do.</b>				22b. ADDRESS <b>Lake Park, Mo</b>		22c. DATE SIGNED <b>3/31/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-4-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>Louis D. Phillips</b>		ADDRESS <b>Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-2-60</b>	26. REGISTRAR'S SIGNATURE <b>J. L. Wash</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1960

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 Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.