

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

FILED VS MAR 18 1960

**60-012093**

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 31 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Cyrene</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 <u>Pike Co Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R7D</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Weslie</u> Middle <u>Smith</u> Last			4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>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>3-18-03</u>
			9. AGE (last birthday) <u>56</u> IF UNDER 1 YEAR Months _____ Days _____
			IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Pike Co Missouri</u>
			12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Hedges</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NBS WORLD WAR 2</u>		16. SOCIAL SECURITY NO. <u>426-14-4925</u>	17. INFORMANT <u>Jas H Brown</u> Address <u>Cyrene Mo</u>
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
IMMEDIATE CAUSE (a) <u>Toxic Myocarditis</u>			<u>48</u> hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>			<u>1</u> mth
DUE TO (c) <u>Pyelonephritis</u>			<u>3</u> mths
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 _____ Month, Day, Year _____ a.m. _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>3/9/60</u> to <u>3/10/60</u> and last saw him alive on <u>3/10/60</u> Death occurred at <u>4:48 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas H Luellen</u> M.D.		22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>3/11/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Edgewood Missouri</u>
24. FUNERAL DIRECTOR <u>Bankhead Funeral Chapel</u> ADDRESS <u>Bowling Green, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 14-1960</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Cullick</u>

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 25 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 Harold Kirk

Licensed Embalmer No. 459

P. O. Address Bowling

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.