

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-012140

FILED VS APR 14 1960

Registration District No. 291 Primary Registration District No. Registrar's No. 30

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Putnam						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		Length of stay in 1b Life Time		c. CITY OR TOWN Jackson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucerne R.R.D.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Lucerne R.F.D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Courtney Middle B. Last Alexander				4. DATE OF DEATH Month April Day 2 Year 1960						
5. SEX Female		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 7-2-1882		9. AGE (last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months 9 Days 0 Hours 0 Min.		
13a. FATHER'S NAME James Hendrix			13b. MOTHER'S MAIDEN NAME Laura Hulbert			14. NAME OF HUSBAND OR WIFE W. R. Alexander				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT W. R. Alexander			Address Lucerne, Mo. R.R.#1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis & hypertension 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) Cerebral softening causing senile dementia								INTERVAL BETWEEN ONSET AND DEATH 3 days		
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 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 June 5-57 to April 2-60 and last saw her alive on April 2-60 Death occurred at 7:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Chas L. Gidd				22b. ADDRESS Unionville, Missouri				22c. DATE SIGNED 4-4-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 5 1960		23c. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery		23d. LOCATION (City, town, or county) Putnam County, Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS Comstock Funeral Home By S.W. Comstock				25. DATE RECD. BY LOCAL REG. Unionville, Mo. 4-8-60		26. REGISTRAR'S SIGNATURE Marvell Durbin				

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Pomatoch

Licensed Embalmer No. 4197

P. O. Address Unionville,

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.