

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 28 1960 # 67

=60-014525

STATE FILE NUMBER

Registration District No. 4118 Primary Registration District No. 4118 Registrar's No. 8

DED

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sparta</u>		Length of stay in 1b <u>15 Years</u>		c. CITY OR TOWN <u>Sparta</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Sparta Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Etta</u> Middle <u>S</u> Last <u>Johns</u>				4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1960</u>									
5. SEX <u>Female</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>1/6/1890</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Christian Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			
13a. FATHER'S NAME <u>Ike Johns</u>				13b. MOTHER'S MAIDEN NAME <u>Minerva Dykes</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>NO</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ralph Johns, Sparta Mo</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis, recurrent</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>1st 2 yrs</u> <u>yes</u>			
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 <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year											
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>Apr 6-'58</u> to <u>8 Apr. '60</u> and last saw her alive on <u>5 Apr /60</u> Death occurred at <u>4/8/60 - A M</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. B. Chaffin M.D.</u> (Degree or title)						22b. ADDRESS <u>Ozark, Mo</u>			22c. DATE SIGNED <u>11 Apr. '60</u> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/11/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>				23d. LOCATION (City, town, or county) <u>Christian Co, Mo</u> (State)					
24. FUNERAL DIRECTOR <u>J. B. Chaffin</u> ADDRESS <u>Ozark, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Apr. 14/1960</u>		26. REGISTRAR'S SIGNATURE <u>Nannie Day</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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark

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.