

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 20 1960

60-016401

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Silex</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 County Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD #3</u>	
3. NAME OF DECEASED (Type or print) First <u>Willis</u> Middle <u>Mason</u> Last <u>Henry</u>			4. DATE OF DEATH Month <u>April</u> Day <u>13</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>1-21-82</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City, and state or country) <u>Silex, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>Willis Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hall</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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. <u>none</u>		17. INFORMANT Address <u>Mrs. Barney Wilp, Silex, Missouri</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>MYOCARDIAL FAILURE</u>					<u>ONE MONTH</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>IRREVERSIBLE MYOCARDIAL DECOMPENSATION</u>					
DUE TO (c) <u>MASSIVE ANTERIOR SEPTAL AND R. & L. VENTRICULAR INFARCT</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC MYOCARDIAL INSUFFICIENCY</u>					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 _____ 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 <u>4/10/59</u> to <u>APRIL 13/60</u> and last saw her/him alive on <u>APRIL 12/60</u> Death occurred at <u>8 34 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ralph H. Hayden D.O.</u>			22b. ADDRESS <u>514 W Main Bowling Green, Mo</u>		22c. DATE SIGNED <u>4/15/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 15, '60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sitton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Silex, Missouri</u>	
24. FUNERAL DIRECTOR <u>J. O. Mudd, Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-18-60</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Culbert</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

James C. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Burlington*

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.