

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-017985

FILED VS APR 25 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Length of stay in 1b 4 years	c. CITY OR TOWN Slater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 348 N. Main		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 320 N. Porter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First CARRIE	Middle JEAN	Last JONES	Month April	Day 17,	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/21/1897	9. AGE (last birthday) 63	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) Retired school teacher		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph J. Dixon		13b. MOTHER'S MAIDEN NAME Susie Ann Jackson		14. NAME OF HUSBAND OR WIFE Fletcher M. Jones	
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. 488-26-1580	17. INFORMANT John Dixon, Slater, Missouri 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) CARDIAC FAILURE		INTERVAL BETWEEN ONSET AND DEATH 5 MIN.
DUE TO (b) Embolism pulmonary ARTERY		
DUE TO (c) HYPERTENSION.E.		
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 checked="" 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 **JUNE 10 1958** to **April 13, 1960** and last saw her ^{her} alive on **April 16, 1960**
Death occurred at **Slater, Mo.** **11:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gene P. MacPherson M.D.		22b. ADDRESS 239 W. Parker St, Slater, Mo.		22c. DATE SIGNED April 18, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/19/1960	23c. NAME OF CEMETERY OR CREMATORY Waverly	23d. LOCATION (City, town, or county) (State) Waverly, Missouri	
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		25. DATE RECD. BY LOCAL REG. 4-18-60	26. REGISTRAR'S SIGNATURE Mr. Raymond Brame	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 27 1960
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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

Walter J. Haines

Licensed Embalmer No. 4557

P. O. Address. Slater

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.