

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018310

ENDED

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LUTESVILLE		c. CITY OR TOWN ORAN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOND NURSING HOME		d. STREET ADDRESS (If outside, give location) ORAN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First THOMPSON Middle CRAVENS Last CRAVENS			4. DATE OF DEATH Month MAY Day 15 Year 1960		
5. SEX MALE	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 2/19/1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) KIVEL, KENTUCKY	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME CHARLEY CRAVENS		13b. MOTHER'S MAIDEN NAME ALICE STIGALL	
14. NAME OF HUSBAND OR WIFE UNKNOWN		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. NONE	
17. INFORMANT EDWIN L. BURGER		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><i>Coronary Occlusion</i></u> DUE TO (b) <u><i>Atherosclerosis</i></u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. INTERVAL BETWEEN ONSET AND DEATH 2 hr.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (20). <u><i>Anginal attacks</i></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	
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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 ORAN, SCOTT, MISSOURI		

21. I attended the deceased from *1/20/58* to *5/15/60* and last saw *her* alive on *5/15/60*
Death occurred at _____ m on the _____ date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u><i>John J. Hughes MD</i></u>	22b. ADDRESS <u><i>Lutesville Mo</i></u>	22c. DATE SIGNED <u><i>5/27/60</i></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 18, 1960	23c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY
23d. LOCATION (City, town, or county) ORAN, SCOTT, MISSOURI	23e. DATE RECD. BY LOCAL REG. 6/6/60	

24. FUNERAL DIRECTOR <u><i>Paul J. Smith</i></u>	25. REGISTRAR'S SIGNATURE <u><i>Mrs. Buford Crader</i></u>
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ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Orem, Utah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.