

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018676

7-1-60 in
 16
 197-24-3690
 DOCUMENT
 Registrar's birth cert. 20268-34
 BY AFFIDAVIT OF Funeral Director
 MEDICAL CERTIFICATION

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 106 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN D. O. A. Harrisonville		Length of stay in lb Minutes	c. CITY OR TOWN Belton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In ambulance		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 miles south Belton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle Dale Last Lain			4. DATE OF DEATH Month June Day 1 Year 1960		
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5. SEX Male	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 6/17/1935	9. AGE (last birthday) 24-25	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Employee	11. BIRTHPLACE (City and state or country) Mendon, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Fred Lain	13b. MOTHER'S MAIDEN NAME Opal Hardin	14. NAME OF HUSBAND OR WIFE Joan Lain
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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. 497-24-3690 Lost	17. INFORMANT Mrs. Ina Jean Gates Address Kansas City, Mo
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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>Electrocution w/ fractured cervical spine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Electrical shock</u>	
	DUE TO (c) _____	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>He was on ladder poking a metal pole between some wires to dislodge a racoon</u>
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20c. TIME OF INJURY <u>5:45 - p.m.</u>	Month, Day, Year <u>June 1, 60</u>
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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.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION <u>2 miles N.E. of Raymore Mo.</u>	COUNTY <u>Cass</u> STATE _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. Robert C. Phillips D.C. Coroner</u>	22b. ADDRESS <u>Harrisonville, Missouri</u>	22c. DATE SIGNED <u>6/4/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/4/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>
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24. FUNERAL DIRECTOR <u>E. K. George & Sons</u>	ADDRESS <u>Belton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-7-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Sebrer</u>
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JUN 23 1960

STATEMENT BY LICENSED EMBALMER

JUN 23 1960

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

Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston, V

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