

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-018706

FILED VS MAY 26 1960

STATE FILE NUMBER

Registration District No. # 67 Primary Registration District No. 5260 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY: <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oldfield</u>		Length of stay in 1b <u>1 hour</u>	c. CITY OR TOWN <u>Sparta, RFD</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>Mo. Highway #125</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 Miles East</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3.1. NAME OF DECEASED (Type or print) First Mike Middle Workman Last Workman

4. DATE OF DEATH May 13, 1960 Month May Day 13 Year 1960

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married: <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 19, 1909</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>51</u> Days <u>51</u> Hours <u>51</u> Min. <u>51</u>	IF UNDER 24 HR Months <u>51</u> Days <u>51</u> Hours <u>51</u> Min. <u>51</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>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Garrison, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Millard F. Workman</u>	13b. MOTHER'S MAIDEN NAME <u>Nan Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Nadine Shipman</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>500 01 6274</u>	17. INFORMANT Address <u>Mrs. Nadine Workman, Sparta, Missouri</u>
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull behind right Eye

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

Broken Right Arm between shoulder and elbow, other probable Skull

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Deceased was involved in a two truck & car accident

20c. TIME OF INJURY 10:50 Hour 10:50 p.m. 5/13/1960 Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Mo. Highway #125

20f. CITY, TOWN, OR LOCATION
Oldfield

COUNTY Christian STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Shelean Harris, Christian County Coroner</u>	22b. ADDRESS <u>Chever, Missouri</u>	22c. DATE SIGNED <u>5/17/1960</u>
---	---	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/18/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sparta Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sparta Missouri</u>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <u>J. Dear Harris, Clever, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>May 18, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nannis Day</u>
---	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1960

VS MAY 26 1960

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 _____

John Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo

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.