

**FEDERAL BUREAU OF INVESTIGATION**  
**FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-018855**

**FILED VS MAY 23 1960**

**STATE FILE NUMBER**

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 34

UNDE

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>S. Benton Jump</u>		Length of stay in 1b <u>7 yrs</u>	c. CITY OR TOWN <u>Buffalo R.F.D.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi S. of Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 mi S of Buffalo</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RUFUS</u> Middle <u>E</u> Last <u>WILSON</u>			4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1960</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 29, 1880</u>	9. AGE (last birthday) <u>79</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Lois Dill</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lois Dill</u>	Address <u>Buffalo, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>10 wks</u> <u>? yrs.</u>
IMMEDIATE CAUSE (a)	<u>Coronary Arteriosclerosis</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>Arteriosclerosis</u>	
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

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1955 to 1960 and last saw him <sup>clear</sup> alive on 5-1-60  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. O. Hamm</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Buffalo Mo.</u>	22c. DATE SIGNED <u>5-13-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 8, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fisher Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas Co, Mo.</u>
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24. FUNERAL DIRECTOR <u>L. B. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>	25. DATE RECD BY LOCAL REG. <u>5/20/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Handwritten scribbles*  
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by *me*, Student Embalmer No. ✓  
working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed *R. E. Cheston*

Licensed Embalmer No. *3813*

P. O. Address *Buffalo, N.Y.*

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.