

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**-60-018931**

**FILED VS JUN 1 1960 113**

Registration District No. \_\_\_\_\_ Primary Registration District No. 4185 Registrar's No. 54

STATE FILE NUMBER

UNDECEASED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair</u>		Length of stay in 1b <u>2 wks</u>	c. CITY OR TOWN <u>Picher</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mill Hill Rd</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Sarah Effie Hilterbrand</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>May 28, 1960</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9 Aug 1891</u>	<b>9. AGE (last birthday)</b> <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Dent County, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Fulton T. Barnes</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Tucker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harry Hilterbrand</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Mrs. Lucy Browning St. Clair, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic Thrombosis</u> DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Cardiac Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u> <u>5 days</u> <u>1 yr</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>In Sibirniks.</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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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from 5-23-60 to 5-28-60 and last saw her alive on 5-27-60  
 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. John W. Williamson D.O.</u>	<b>22b. ADDRESS</b> <u>St. Clair, Mo</u>	<b>22c. DATE SIGNED</b> <u>5-28-60</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>May 30, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>G R A Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Picher, Okla</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Casey-Lenox</u>	ADDRESS <u>St. Clair, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>28-May-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Chadley Smith</u>
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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 W. M. Lewis, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair

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.