

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-019390

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2910 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUNTY MUSKOGEE							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 weeks.		c. CITY OR TOWN CORPUS CHRISTI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 201 BUCCANEER DR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Judith Middle E. Last Forcade				4. DATE OF DEATH Month MAY Day 27 Year 1960							
5. SEX FEMALE		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 AUG 31, 1873		9. AGE (last birthday) 86 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HEMPLE MO.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME PHILIP MARKER			13b. MOTHER'S MAIDEN NAME s - r. JUDITH MARKER			14. NAME OF HUSBAND OR WIFE GEORGE S. FORCADE					
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. NO		17. INFORMANT KYLE D. MARKER Address Kansas City, Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Coronary Thrombosis DUE TO (c) Arteriosclerotic Heart Disease								INTERVAL BETWEEN ONSET AND DEATH 30 min			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured Femur left						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 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		COUNTY		STATE	
21. I attended the deceased from 5/15/60 to 5/27/60 and last saw her/him alive on 5/27/60 Death occurred at 9:30 P on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Doctor or M.D.) Robert W. Hamill MD				22b. ADDRESS Kansas City Mo				22c. DATE SIGNED 5/30/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 31, 1960		23c. NAME OF CEMETERY OR CREMATORY WEST LAWN CEM		23d. LOCATION (City, town, or county) OMAHA NEB.					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.				25. DATE RECD. BY LOCAL REG. 5-30-60		26. REGISTRAR'S SIGNATURE Neva Minshel					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert W. Hamill

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 Chester K Brown

Licensed Embalmer No. 493

P. O. Address KC 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.