

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

=60-019759

FILED VS. MAY 17 1960

146 Primary Registration District No. 3026 Registrar's No. 252

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 5 yrs.		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2114 SCOTT			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2114 SCOTT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First FAY Middle EDWARD Last WESCOTT				4. DATE OF DEATH Month MAY Day 11 Year 1960									
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 3-21-1898		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OILER				10b. KIND OF BUSINESS OR INDUSTRY ALLIS-CHAMBERS		11. BIRTHPLACE (City and state or country) POWELL, MISSOURI			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME HERMAN E. WESCOTT				13b. MOTHER'S MAIDEN NAME MOLLIE MARIE				14. NAME OF HUSBAND OR WIFE OPAL W. WESCOTT					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO				16. SOCIAL SECURITY NO. 486-09-9110		17. INFORMANT Address OPAL M. WESCOTT, 2114 SCOTT, INDEP., 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) Acute Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH 1 hr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency										3 years			
DUE TO (c) arterio sclerosis generalized										5 years			
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.)					
20c. TIME OF INJURY Hour 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 12 30 1953 to 1960 and last saw him alive on April 4, 1960 Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E. H. Raich (Degree or title) 12th						22b. ADDRESS 10901 Wanner Rd Independence Mo			22c. DATE SIGNED 5/13/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-13-60		23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY			23d. LOCATION (City, town, or county) STELLA, MISSOURI						
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.					25. DATE RECD. BY LOCAL REG. 5-13-60		26. REGISTRAR'S SIGNATURE James H. Gray						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.