

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-020556

FILED VS MAY 24 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 193

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois												
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre,		Length of stay in 1b Life		c. CITY OR TOWN Bonne Terre,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 412 D. Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) Elbert Raymond East				4. DATE OF DEATH Month May Day 15 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 10/24/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 6 Days 21 Hours 17 Min.	IF UNDER 24 HR									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY U.S., A.									
13a. FATHER'S NAME Alonzo East			13b. MOTHER'S MAIDEN NAME Nora Holdman			14. NAME OF HUSBAND OR WIFE Dorothy East										
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. 490-03-1575		17. INFORMANT Dorothy East, Bonne Terre, Missouri Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis. DUE TO (b) Hypertension. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 6 days. Unknown									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atelectasis of right lung.						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.)												
22c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 5/9/60 to 5/15/60 and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her alive on 5/15/60 Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS Bonne Terre, Missouri				22c. DATE SIGNED 5/17/60								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/60		23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Hk. Rt. 1, Bonne Terre, Mo.			23d. LOCATION (City, town, or county) (State)									
24. FUNERAL DIRECTOR Sparks Funeral Home Bonne Terre, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. May 17, 1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 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

Beverett Sparks

Licensed Embalmer No. 4287

P. O. Address Bome Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.