

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

=60-021024

FILED VS. MAY 25 1960

318

Primary Registration District No. **1003**

Registrar's No. **5215**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 30 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2209a Jules St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JESSIE Middle GRACE Last HART				4. DATE OF DEATH Month May Day 14 Year 1960									
5. SEX Female		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 11-13-07		9. AGE (last birthday) 52		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Lawrence County, ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME William Willmoth				13b. MOTHER'S MAIDEN NAME Annie Lowery				14. NAME OF HUSBAND OR WIFE John Hart					
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. 189-20-3731		17. INFORMANT Address John Hart, St. Louis, 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) Dissecting aortic aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heur Pericardium DUE TO (c) 451x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)										INTERVAL BETWEEN ONSET AND DEATH 1 week ± 1-2 hours			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 St. Louis		COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from 5/1/60 to 5/14/60 and last saw ^{her} him alive on 5/14/60 . Death occurred at 11 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Edward Freedman MD						22b. ADDRESS 607 No Grant St. Louis Mo			22c. DATE SIGNED 5/17/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/17/60		23c. NAME OF CEMETERY OR CREMATORY Larrence Memorial				23d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas					
24. FUNERAL DIRECTOR Gregg Funeral Home				ADDRESS Walnut Ridge, Arkansas		25. DATE RECD. BY LOCAL REG. MAY 17 1960		26. REGISTRAR'S SIGNATURE Kearl Smith, M.D. <i>mde</i>					

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 _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 9912

P. O. Address E. St. Louis

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.