

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

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=60-022407

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		Length of stay in 1b		c. CITY OR TOWN St. Joseph, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION (Home) 1221 Bellevue St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1221 Bellevue St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First RAYMOND Middle LAWRENCE Last SHERER				4. DATE OF DEATH Month June Day 18 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 Aug. 29, 1913		9. AGE (last birthday) 46		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Stockyards			11. BIRTHPLACE (City and state or country) Corning, Kansas			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Unk				13b. MOTHER'S MAIDEN NAME Unk				14. NAME OF HUSBAND OR WIFE Letha B. Sherer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give was or dates of service) W.W. II				16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Mrs. Letha B. Sherer, 1221 Bellevue St.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION										INTERVAL BETWEEN ONSET AND DEATH 3 Days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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"/> N- <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 _____ 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 JUNE 10, 1960 to JUNE 16, 1960 and last saw her/him alive on JUNE 17, 1960 Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE L.H. Pifer (Degree or title)				22b. ADDRESS 1302 Farnam				22c. DATE SIGNED 6-21-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 23, 1960		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery			23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri						
24. FUNERAL DIRECTOR Heaton Bowman				ADDRESS St. Joseph, Missouri		25. DATE RECD. BY LOCAL REG. June 24, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell					

DOCUMENT

MEDICAL CERTIFICATION
L.H. Pifer, M.D.

BY AFFIDAVIT OF

JUL 7 1960

JUL 5 1961

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 Eugene Wood

Licensed Embalmer No. 3804
P. O. Address 319 South Hill

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.