

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 16 1960

=60-022637
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Clinton</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Concord Township</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">7 yrs.</p>	c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Edgerton</p>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Warren Baumeier Home</p>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 1.2em;">John Young</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">June 8, 1960</p>			
5. SEX <p style="text-align: center; font-size: 1.2em;">Male</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">Unknown</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">81</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">None</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">Platte Co., Mo.</p>	12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">U.S.A.</p>	
13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Eli Young</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Celestia Ann Vermillion</p>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <p style="text-align: center; font-size: 1.2em;">Mrs. Cif Shepleed, Smithville, Mo.</p>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Fracture & dislocation</u>				<u>1 wk</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Carcinoma</u>	
				<u>1 yr.</u>	
DUE TO (c) <u>Pilular carcinoma</u>				<u>3 yrs.</u>	
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 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 <u>Aug 1958</u> to <u>June 8, 1960</u> and last saw him alive on <u>June 6, 1960</u> Death occurred at <u>12:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 1.2em;"><i>W. Baumeier, M.D.</i></p>			22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">Lathrop Mo.</p>		22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">6/8/60</p>
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Burial</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">6/9/1960</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Union Mill Cem.</p>		23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 1.2em;">Edgerton, Mo.</p>	
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 1.2em;">Kollins - Nash,</p>		ADDRESS <p style="text-align: center; font-size: 1.2em;">Edgerton, Mo.</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">JUNE 11 - 1960</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">Mary W. Beance</p>	

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

Student _____
Signature of Student Embalmer

Signed

LeRoy Mooney

Licensed Embalmer No.

477

P. O. Address

Ke Mooney

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