

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022840

FILED VS JUL 11 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 722

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oregon b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 5 Mo. 1 Da	c. CITY OR TOWN Colton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, or institution) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #1 Box 157		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Richard Last Espy			4. DATE OF DEATH Month 6 Day 30 Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/28/38	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Espy		13b. MOTHER'S MAIDEN NAME Edith ??? Espy		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (gg. or unknown) (If yes, give year or dates of service) Yes 11/14/55 - 2/11/56		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address MCFP - Files Springfield, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation by hanging (Suicide)					INTERVAL BETWEEN ONSET AND DEATH Minutes	
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"/> 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was found by a Correctional Officer in his cell. He was hanging by the neck. He used a towel to hang from an air vent.				
20c. TIME OF DEATH Hour 11:15 P.M. Month, Day, Year 6/30/60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Medical Center	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about 11:15 P.M., 6/30/60 on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Ralph Thieme Greene Co. Coroner			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 7/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/2/60	23c. NAME OF CEMETERY OR CREMATORY Oregon City, Oregon		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS H.H. Lohmeyer Funeral Home Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-60	26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 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

A. S. McCann

Licensed Embalmer No. 27 27

P. O. Address *Springfield*

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.