

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

FILED VS JUN 29 1960

-60-023555

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS (If outside, give location) 1004 S. Main St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MINNIE Middle MAUD Last RHEA			4. DATE OF DEATH Month June Day 19 Year 1960		
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-27-80	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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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) Butler, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William McCann	13b. MOTHER'S MAIDEN NAME Alice Patton	14. NAME OF HUSBAND OR WIFE Wm A. Rhea
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Address MO Mrs. Lois Smith, 1004 Main, Carthage,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 1 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral & general arteriosclerosis	
	DUE TO (c) Senility	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left hip - spontaneous	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) no known fall or injury
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20c. TIME OF INJURY Hour 11 a.m. 24 p.m. 59

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.) Home	20f. CITY, TOWN, OR LOCATION Carthage COUNTY Jasper STATE Mo.
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21. I attended the deceased from 1946 to 6-19-60 and last saw her alive on 6-19-60 Death occurred at 8:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Russell Smith (Printer or title) MD	22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 6-20-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-22-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
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24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo	25. DATE RECD. BY LOCAL REG. 6-21-60	26. REGISTRAR'S SIGNATURE W H Chilton
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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 Gene C. Pugh

Licensed Embalmer No. 473

P. O. Address Carthage,

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.