

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

=60-023997

FILED VS JUN 22 1960

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 100

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Penicott</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Penicott</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> | | Length of stay in 1b OR TOWN <u>4 1/2 yrs</u> | | c. CITY OR TOWN <u>Hayti</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>6. W. Washington</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>506 W. Washington</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Willie</u> | | First <u>Willie</u> | | Middle <u>C. Tramble</u> | | Last <u>Tramble</u> | |
| 4. DATE OF DEATH <u>6-5-1960</u> | | Month <u>6</u> | | Day <u>5</u> | | Year <u>1960</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>Col.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>5-13-32</u> | 9. AGE (last birthday) <u>28</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> | IF UNDER 24 HR Hours <u>2</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>work on farm</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (City and state or country) <u>Hermondale, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Nathan Tramble</u> | | 13b. MOTHER'S MAIDEN NAME <u>Fannie C. Henry</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martha Tramble</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>David Hunter, Hayti, MO.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot Wound In Head</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 type="checkbox"/> | HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot In Fight</u> | | | |
| 20c. TIME OF INJURY Hour <u>6</u> Month <u>5</u> Day <u>60</u> a.m. <u>00</u> p.m. <u>00</u> | | 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>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Hayti, Penicott, MO.</u> | |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22. SIGNATURE (Degree or title) <u>James A. Osburn Coroner</u> | | | | 22b. ADDRESS <u>Wardsell, MO</u> | | 22c. DATE SIGNED <u>6-6-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6-9-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u> | | 23d. LOCATION (City, town, or county) (State) <u>Hayti, MO.</u> | | | |
| 24. FUNERAL DIRECTOR <u>J. J. Smith, Hayti, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 10, 1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Spencer Adams</u> | | | |

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

Student _____
Signature of Student Embalmer

Signed Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Camthens

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.