

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED IN SEP 7 1960

=60-029588
 STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 104

INDEXED

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| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler | | Length of stay in 1b 2 Weeks | c. CITY OR TOWN Adrian Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Vera Middle Mae Last McBride | 4. DATE OF DEATH Month August Day 28 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 5-17-98 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bates County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Robert Henry Duffey | 13b. MOTHER'S MAIDEN NAME Rosalie Crowder. | 14. NAME OF HUSBAND OR WIFE Ralph James McBride |
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| 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. 489-44-0172 | 17. INFORMANT Address Mrs. W.G. McIntire, Pueblo, Colo. |
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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) metastatic Carcinoma | | INTERVAL BETWEEN ONSET AND DEATH 6 Mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) Primary Carcinoma of Ovary | 1 yr |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour 6 a.m. p.m. | Month, Day, Year |
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| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from **Jan 25, 1960** to **Aug 28, 1960** and last saw her alive on **Aug 27, 1960**
 Death occurred at **Aug 28, 1960 6 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Deceased or title) Carter W. Kertes M.D. | 22b. ADDRESS Butler, Mo | 22c. DATE SIGNED 8/29/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-30-60 | 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Adrian, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Six Funeral Service, Adrian, Mo | 25. DATE RECD. BY LOCAL REG. Aug 29, 1960 | 26. REGISTRAR'S SIGNATURE Kendall Perry |
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(Licensed Exempt from the State's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *[Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo

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

[Handwritten notes and signatures at the bottom of the page, including "Adrian, Mo" and "2"]