

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

=60-029767

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3.007 Registrar's No. 494

1. PLACE OF DEATH a. COUNTY BUTLER b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF Length of stay in lb 14 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN c. CITY OR TOWN KENNETT Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1104 NORTH BALDWIN ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **EDWARD** Middle **"D"** Last **FILMORE**

4. DATE OF DEATH Month **AUGUST** Day **23** Year **1960**

5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-10-94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) MONTGOMERY, ALABAMA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN FILMORE	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE REBECCA FILMORE
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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) YES	16. SOCIAL SECURITY NO. 337-0541867	17. INFORMANT Address KENNETT, MO. REBECCA FILMORE, WIFE, 1104 N. BALDWIN ST.
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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) CEREBRAL THROMBOSIS, BILATERAL. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS, CHRONIC. DUE TO (c) CARDIOVASCULAR RENAL DISEASE, CHRONIC.	INTERVAL BETWEEN ONSET AND DEATH TWO WEEKS UNKNOWN UNKNOWN
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. PULMONARY INFARCT, LEFT. 2. BRONCHITIS, CHRONIC, BILATERAL.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year _____

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.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **AUGUST 9, 1960** to **AUG. 23, 1960** and last saw her **alive** on **4.15 P.** Death occurred at **4.15 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. Lester Harwell</i> J. LESTER HARWELL, M.D., Actg. Pathologist	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 8/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-60	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery (col)	23d. LOCATION (City, town, or county) (State) Kennett Mo.
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24. FUNERAL DIRECTOR ADDRESS Lentz Service Kennett Mo.	25. DATE RECD. BY LOCAL REG. 8/27/60	26. REGISTRAR'S SIGNATURE <i>R. H. Huetzel</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS SEP 10 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 Edgar Lee For

Licensed Embalmer No. 4433

P. O. Address Kenil

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.