

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

360-031245

FILED VS SEP 6 1960

385

Primary Registration District No. 3039

Registrar's No. 143

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CHARITON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b 20 hrs.		c. CITY OR TOWN MARCELINE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARA Middle E. Last CLARKE				4. DATE OF DEATH Month 8 Day 30 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/6/1866	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months 5 Days 24	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) CHARITON		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME TIMOTHY BUTLER			13b. MOTHER'S MAIDEN NAME ABIGAIL DARROUGH		14. NAME OF HUSBAND OR WIFE MATTHEW (DEC)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0			16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MAY CLARKE MARCELINE, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia bilateral DUE TO (b) arteriosclerotic Cardiovasc Dis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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							INTERVAL BETWEEN ONSET AND DEATH
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.)			
20c. TIME OF INJURY Hour 10:00 Month, Day, Year 8-30-60 a.m. p.m. 			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
21. I attended the deceased from 1950 to 8-30-60 and last saw her alive on 8-30-60 Death occurred at 10:00 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patricia J. Smith MD				22b. ADDRESS Marceline, MO		22c. DATE SIGNED 8-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/1/1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Killard		23d. LOCATION (City, town, or county) Marceline, Mo		(State)
24. FUNERAL DIRECTOR ADDRESS James McLaughlin Marceline, Mo			25. DATE RECD. BY LOCAL REG. 8-31-66		26. REGISTRAR'S SIGNATURE Brookie Owens		

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

Ronald I. Wade

Licensed Embalmer No. 4172

P. O. Address

Brown

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.