

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**-60-031374**

**FILED VS AUG 16 1960**

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Ravanna</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Axtell Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Edwin</b> Middle <b>Goodin</b> Last <b>Weaver</b>				4. DATE OF DEATH Month <b>8</b> Day <b>9</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>II/I/49</b>		9. AGE (last birthday) <b>10</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b>		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>		11. BIRTHPLACE (City and state or country) <b>Mercer County</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Jake Smith Weaver</b>				13b. MOTHER'S MAIDEN NAME <b>Gwenolene Goodin</b>				14. NAME OF HUSBAND OR WIFE <b>*****</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Jake Weaver--Ravanna, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Ruptured intestine and peritonitis</b> DUE TO (c) <b>Injury due to being kicked by a horse</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 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.) <b>Kicked by a horse</b>									
20c. TIME OF INJURY <b>2:30</b> - Hour <b>8-8-60</b> a.m. _____ p.m. _____													
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.) <b>farm home</b>		20f. CITY, TOWN, OR LOCATION <b>Rt. 3 Princeton, Mo.</b>		COUNTY _____ STATE _____							
21. I attended the deceased from <b>8-8-60</b> , to _____ and last saw her alive on <b>8-9-60</b> Death occurred at <b>5:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Byron F Axtell D.O.</b>						22b. ADDRESS <b>Princeton, Mo.</b>				22c. DATE SIGNED <b>8-11-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/11/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ravanna Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ravanna Missouri</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Martin &amp; Axtell Funeral Home Princeton Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-11-60</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>							

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 James W. Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville N.C.

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.