

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-033504

FILED VS SEP 1 1960 **328**

Primary Registration District No. **3073** Registrar's No. **35**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHAFFEE</b>		Length of stay in 1b <b>1 YEAR</b>	c. CITY OR TOWN <b>CHAFFEE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME - 110 Ebbiott</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>110 Ebbiott</b>		
3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>LEE</b> Last <b>M<sup>E</sup> INTOSH</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 12, 1924</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>8</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES &amp; SERVICE ENGR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AXELSON MFG. CO.</b>	11. BIRTHPLACE (City and state or country) <b>HARCO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES M<sup>E</sup> INTOSH</b>		13b. MOTHER'S MAIDEN NAME <b>NEBBIE MAE MASTERSON</b>		14. NAME OF HUSBAND OR WIFE <b>INEZ MARIE KINDER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>YES WW II</b>		16. SOCIAL SECURITY NO. <b>495-142-643</b>	17. INFORMANT Address <b>MRS. INEZ MARIE M<sup>E</sup> INTOSH - CHAFFEE, MO</b>			
18a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>medullary Failure</b>					<b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chromatin and debilitation</b>					<b>2 years</b>	
DUE TO (c) <b>Ameyotropic lateral sclerosis</b>					<b>4 years</b>	
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 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 <b></b> Month, Day, Year <b></b>						
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from <b>7-11-57</b> to <b>8-20-60</b> and last saw <sup>him</sup> alive on <b>8-19-60</b> Death occurred at <b>9:10 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>H. H. Helmeyer, D.O.</b>			22b. ADDRESS <b>Chaffee, Missouri</b>		22c. DATE SIGNED <b>8/22/60</b>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23c. DATE <b>AUGUST 22, 1960</b>	23d. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEMETERY</b>	23e. LOCATION (City, town, or county) (State) <b>CHAFFEE, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>Bispling Hoff Funeral Home - Chaffee, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 23-1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Inez Marie Kinder</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 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 Jack T. Lurnett

Licensed Embalmer No. 4473

P. O. Address @ Raffle, N

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.