

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

-60-034156

FILED VS. OCT 4 1960 70

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **40** STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Revere	Length of stay in 1b 11 yrs	c. CITY OR TOWN Revere	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Fannie May Christy			4. DATE OF DEATH Month Day Year Sept. 23 - 1960		
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 5/27/1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John S. Hardy		13b. MOTHER'S MAIDEN NAME Eveline Scrimader		14. NAME OF HUSBAND OR WIFE Albert Christy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-40-219		17. INFORMANT Address Mrs. RUBY Williams Revere 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) Multiple Cancer of the intestines		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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	
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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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		

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
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21. I attended the deceased from **Jan. 1960** to **9/23-1960** and last saw her/him alive on **9-23-1960**
 Death occurred at **6 a** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. McCombs M.D.	22b. ADDRESS Revere	22c. DATE SIGNED 9-25-60
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE Sept. 25-1960	23c. NAME OF CEMETERY OR CREMATORY Revere Cemetery	23d. LOCATION (City, town, or county) Revere	(State) Mo
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24. FUNERAL DIRECTOR'S ADDRESS Olson, Gertling Lakota Mo	25. DATE RECD. BY LOCAL REG. 9/26-1960	26. REGISTRAR'S SIGNATURE J. R. Williams
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 20 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 Arthur L. Puttney

Licensed Embalmer No. 2965

P. O. Address Wray

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.