

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

-60-035548

FILED VS SEP 29 1960

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 4331 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>MONTERAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>MONTERAU</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JAMESTOWN MO</u>		Length of stay in 1b OR <u>OWN HOME</u>		c. CITY OR TOWN <u>LYNN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF INSTITUTION (If hospital, give location) <u>JAMESTOWN MO</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>WOOLDRIDGE MO</u>	
3. NAME OF DECEASED (Type or print) First <u>MATTIE</u> Middle <u>LEE</u> Last <u>KIRSCHMAN</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>17</u> Year <u>1960</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 5 1900</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>JAMES S. KING</u>			13b. MOTHER'S MAIDEN NAME <u>ANNIE RIMEL</u>			14. NAME OF HUSBAND OR WIFE <u>LESTY KIRSCHMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-40-5330</u>		17. INFORMANT Address <u>J. K. Kirschman Woodridge Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u> DUE TO (b) <u>Acute Myocardial Failure</u> DUE TO (c) <u>1 hr.</u> 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 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 <u></u> a.m. <u></u> 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	
21. I attended the deceased from <u>seen only on 9-17-60</u> and last saw her <u>alive on 9-17-60</u> Death occurred at <u>2115</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. King DO</u> (Degree or title)				22b. ADDRESS <u>Jamestown Mo</u>		22c. DATE SIGNED <u>9-17-60</u>	
23a. BURIAL, CREMATION, REMOVAL specify <u>BURIAL</u>		23b. DATE <u>SEPT 19 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>	
24. FUNERAL DIRECTOR <u>CHALBERT HORNBECK PRAIRIE HOME</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>8/20/60</u>		26. REGISTRAR'S SIGNATURE <u>John Pope</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 0 1964

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 C. Albert Hornbeck

Licensed Embalmer No. 2714
P. O. Address Bairie Home
MO

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.