

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

60-035866

FILED VS SEP 28 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 372 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in lb 3 Hours		c. CITY OR TOWN Bonne Terre Route 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route No. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Orel Middle Vincent Last Reddick				4. DATE OF DEATH Month Sep't. Day 16, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 21, 1905 - 54	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 6 Days 20	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Silverlake, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James O. Reddick			13b. MOTHER'S MAIDEN NAME Annie McDowell			14. NAME OF HUSBAND OR WIFE Grace Reddick		
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. 498 10 2397		17. INFORMANT Address Route 2 Mrs. Grace Reddick, Bonne Terre				
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							INTERVAL BETWEEN ONSET AND DEATH 6 mo	
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) Pneumonia						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 _____ 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
21. I attended the deceased from June 1960 to 9-16-60 and last saw him alive on 9-16-60 Death occurred at 9:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) HP Seche M.D.				22b. ADDRESS Desloge Mo			22c. DATE SIGNED 9-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/19/1960	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) Farmington, Missouri			(State)
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Inc. Desloge, Mo				25. DATE RECD. BY LOCAL REG. Sept. 19, 1960		26. REGISTRAR'S SIGNATURE Ethel Rudloff		

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



Licensed Embalmer No. 3660

P. O. Address Desloge, Miss

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.