

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

=60-037389

FILED VS. OCT 17 1960 25

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rich Hill</i>	Length of stay in 1b <i>1 Mo.</i>	c. CITY OR TOWN <i>Garden City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>712 East Olive</i>		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 <i>Bertha</i> Middle <i>Davidson</i> Last <i>Love</i>			4. DATE OF DEATH Month <i>10</i> Day <i>7</i> Year <i>1960</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-3-1884</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Altam, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>William A. Northcutt</i>		13b. MOTHER'S MAIDEN NAME <i>Frances E. Davidson</i>		14. NAME OF HUSBAND OR WIFE <i>Robert H. Love</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs. Elizabeth Holligan</i> Address <i>Rich Hill, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarct disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
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

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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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.)	20f. CITY, TOWN, OR LOCATION <i>Rich Hill</i>	COUNTY <i>Cass</i>	STATE <i>Mo.</i>
21. I attended the deceased from <i>Aug 3 AM 1960</i> to <i>Oct 7 1960</i> and last saw her <i>alive</i> on <i>Sept 19 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Bertha Davidson Love</i>	(Degree or title) <i>Wid</i>	22b. ADDRESS <i>Rich Hill Mo</i>	22c. DATE SIGNED <i>Oct 7 1960</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>Oct. 9. 1960</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Garden City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Garden City, Missouri</i>

24. FUNERAL DIRECTOR <i>William H. Perry</i>	ADDRESS <i>Garden City, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-12-1960.</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Edna Douglas.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 Billy J. Hickey

Licensed Embalmer No. 4685

P. O. Address Minneapolis City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.