

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 UNITED STATES GOVERNMENT
 FILED 13 NOV 5 1960

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-60-037808

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MISSOURI b. COUNTY CLINTON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON.		Length of stay in 1b 3 Yrs.		c. CITY OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home. 119 W. 7. St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 119 W, 7th, Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Clemine Emaline Vickers				4. DATE OF DEATH Month Day Year Oct. 19, 1960.									
5. SEX Female		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 Jan. 1, 1892		9. AGE (last birthday) 68 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home.		11. BIRTHPLACE (City and state or country) Missouri.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Ruben Helms.				13b. MOTHER'S MAIDEN NAME Ella Rice.				14. NAME OF HUSBAND OR WIFE Fred Vickers.					
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. -		17. INFORMANT Address Mr. Fred Vickers. Cameron 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) Carcinoma carcinoma of the										INTERVAL BETWEEN ONSET AND DEATH several months			
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) myocardial								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 Month, Day, Year a.m. 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		COUNTY		STATE					
21. I attended the deceased from 6/8, 1960 to 10-19-60 and last saw her ^{her} alive on 10-16-60 . Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. K. Wilson M.D.						22b. ADDRESS WINSTON, MO.			22c. DATE SIGNED 10-21-60.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 22 1960.		23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery		23d. LOCATION (City, town, or county) Cameron, Mo		(State)					
24. FUNERAL DIRECTOR DeMoss Crunk. Cameron, Mo.				25. DATE RECD. BY LOCAL REG. 10-25-60		26. REGISTRAR'S SIGNATURE Francis Crawford							

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DeMoss Crunk *DeMoss Crunk*

Licensed Embalmer No. 2533.

P. O. Address Cameron, 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.