

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

-60-039300

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuiver Township</u>		c. CITY OR TOWN <u>*****</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>*****</u>		d. STREET ADDRESS (If outside, give location) <u>Cuiver Township</u>	

3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Dalzie</u> Last <u>Carr</u>			4. DATE OF DEATH <u>Oct. 7, 1960</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-14-1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Pike Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion Carr</u>	13b. MOTHER'S MAIDEN NAME <u>Lara Tunis</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Carr</u>
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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>486-42-0287</u>	17. INFORMANT <u>Mrs Bessie Carr</u> Address <u>Bowling Green, Mo.</u>
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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>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>APPROX - 3 HRS.</u>
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.)
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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 _____
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21. I attended the deceased from Oct 7, 1960 to 7:30 am and last saw him alive on Oct 7, 1960 SAW PATIENT IMMEDIATELY AFTER DEATH - HEART STILL FIBRILLATING
 Death occurred at 1:30 PM C.S.T. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert H. Hayda D.O.</u> (Degree or title)	22b. ADDRESS <u>519 W. Main Bowling Green Mo.</u>	22c. DATE SIGNED <u>Oct 8, 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 10, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	23d. LOCATION (City, town, or county) <u>Louisiana, Mo.</u>
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24. FUNERAL DIRECTOR <u>Bankhead Chapel Bowling Green, Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>Oct. 10 1960</u>	26. REGISTRAR'S SIGNATURE <u>Maidie E. Williams</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS NOV 9 1961 SA

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 Harold Kiske

Licensed Embalmer No. 4597

P. O. Address Burling

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.