

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-040846

FILED VS NOV 9 1960

369

6223

215

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Vernon</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>El Dorado Springs</i>		Length of stay in 1b		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Route 1 VIRGIL type</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Route 1</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Edward</i> Last <i>Vickers</i>				4. DATE OF DEATH Month <i>October</i> Day <i>29</i> Year <i>1960</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10-19-1886</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Vernon Co., Mo.</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>George Vickers</i>			13b. MOTHER'S MAIDEN NAME <i>Nannie Galvin</i>			14. NAME OF HUSBAND OR WIFE <i>Iva Vickers</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>492-42-9120</i>		17. INFORMANT Address <i>Iva Vickers, El Dorado Spgs., 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>Cerebral artery thrombosis</i> DUE TO (b) <i>Cerebral arteriosclerosis</i> DUE TO (c) _____ 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) <i>Arteriosclerotic heart disease</i>						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 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 <i>1957</i> to <i>present</i> and last saw him alive on <i>10-25-60</i> Death occurred at <i>2:30 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Robert L. Magee</i> Robert L. Magee, M. D.				22b. ADDRESS <i>El Dorado Springs, Mo.</i>			22c. DATE SIGNED <i>10-31-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-31-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Pleasant Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Vernon Co., Missouri</i>				
24. FUNERAL DIRECTOR <i>Inn-Carothers, El Dorado Spgs. Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Nov 2 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs Ruth Faith</i>		

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 Floyd E. Carthus

Licensed Embalmer No. 4419

P. O. Address El Dorado 34

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.