

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

FILED VS DEC 12 1960

=60-042874

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5803 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDIANCREEK TOWNSHIP		c. CITY OR TOWN SAN ANTONIO, TEXAS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY (RURAL)		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EVERETT Middle WESTLEY Last DAY			4. DATE OF DEATH Month NOVEMBER Day 24th 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 12-17-1932	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SAN ANTONIO TEXAS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME EVERETT DAY Sr		13b. MOTHER'S MAIDEN NAME DAY	
14. NAME OF HUSBAND OR WIFE MARLENE DAY		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 Marlene Day, San Antonio, Texas		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) HEAD AND CHEST INJURY			
DUE TO (b) AUTOMOBILE ACCIDENT			
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 checked="" 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.) AUTOMOBILE COLLISION WITH ANOTHER AUTOMOBILE	
20c. TIME OF DEATH Hour 4:35 AM Month, Day, Year 11 24 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway 24	20f. CITY, TOWN, OR LOCATION COUNTY STATE INDIANCREEK TOWNSHIP. MONROE MISSOURI

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **About 435 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Corneil W. Wilson CORONER		22b. ADDRESS MONROE CITY MISSOURI		22c. DATE SIGNED 11.24.60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 6, 1960	23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MO		
24. FUNERAL DIRECTOR Wilson Sons		ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. Dec 6-1960	26. REGISTRAR'S SIGNATURE F. L. Barnett M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 16 1960

JAN 12 1961

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

Student _____
Signature of Student Embalmer

Signed Robert L. Johnson

Licensed Embalmer No. 3014

P. O. Address Monroe, La.

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.