

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FILED VS DEC 6 1960

274

3052

403

-60-043040

STATE FILE NUMBER

INDEXED

Registration District No.

Primary Registration District No.

Registrar's No.

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bedford</u> | | c. CITY OR TOWN <u>Smithton</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Bedford Hospital</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>W</u> Last <u>Sawford</u> | | 4. DATE OF DEATH Month <u>11</u> Day <u>29</u> Year <u>60</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>1869</u> |
| 9. AGE (last birthday) <u>91</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u> | |
| 11. BIRTHPLACE (City and state or country) <u>March, Maine</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Warren Shuford</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Wm Sawford - Ottaville, Mo. R#2</u> | | 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. | | 17. INFORMANT <u>Wm Sawford - Ottaville, Mo. R#2</u> | |
| 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>Malignant Melanoma L Shoulder</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>metastasis to lungs</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> | |
| 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 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 <u>8:05</u> a.m. <u>10-13-60</u> 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 <u>Smithton, Mo</u> COUNTY <u>Pettis</u> STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>10-13-60</u> to <u>11-29-60</u> and last saw him alive on <u>11/29/60</u> Death occurred at <u>8:05</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>P V Siegel MD</u> (Degree or title) | |
| 22b. ADDRESS <u>Smithton, Mo</u> | | 22c. DATE SIGNED <u>11/30/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-1-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Smithton Pettis, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Neumayer Funeral Home</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec 1 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Traces Shelby</u> | |

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

Clifford Gouge

Licensed Embalmer No. *504*

P. O. Address *Windsor,*

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.