

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

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-60-045233

FILED VS JAN 3 1961 042

1000 Registrar's No. 1349

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i> Length of stay in 1b <i>53 years</i> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. St. Joseph's Hospital</i> <input checked="" type="checkbox"/> Inside Limits <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i> c. CITY OR TOWN <i>St. Joseph</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>706 Locust</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <i>Ruth</i> Middle <i>Ollie</i> Last <i>Staley</i>			4. DATE OF DEATH Month <i>December</i> Day <i>27</i> Year <i>1960</i>					
5. SEX <i>Female</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>1/17/07</i>	9. AGE (last birthday) <i>53</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>St. Joseph, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Fred Case</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>Loren Staley</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>None</i>		17. INFORMANT Address <i>Mr. Loren Staley 706 Locust</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 Hemorrhage</i> DUE TO (b) <i>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 <i>6 hours</i> <i>years</i>		
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.) <i>Was ill when found by husband.</i>						
20c. TIME OF INJURY Hour <i>7</i> p.m. Month, Day, Year <i>Dec 27 60</i>		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.) <i>home</i>		20f. CITY, TOWN, OR LOCATION <i>706 Locust St. Joe Buchanan Mo</i>		20g. COUNTY <i>Buchanan</i> STATE <i>Mo</i>				
21. I attended the deceased from <i>Dec 27 60</i> to <i>Dec 27 60</i> and last saw her <i>Dec 27 60</i> alive on <i>Dec 27 60</i> Death occurred at <i>7 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>S.E. Melaney M.D.</i>			22b. ADDRESS <i>214 North Patrick St Joe Mo</i>			22c. DATE SIGNED <i>Bldg 12 28 60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 30, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Clark Funeral Home St. Joseph, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Dec. 28, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>			

DOCUMENT

BY AFFIDAVIT OF S.E. Melaney M.D. 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

Paul F. Clark

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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.