

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-046775

FILED VS JAN 16 1961 700

Primary Registration District No. 3041

Registrar's No. 4

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON		Length of stay in lb 15 hr		c. CITY OR TOWN CLARENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) CLARENCE MO		
3. NAME OF DECEASED (Type or print) First JOSEPH Middle BENJAMIN Last BUNN				4. DATE OF DEATH Month DEC Day 27 Year 1960				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-10-1874		
9. AGE (last birthday) 86		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) FAIRMEN			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME BENJAMIN BUNN			13b. MOTHER'S MAIDEN NAME ELIZABETH FOWLER			14. NAME OF HUSBAND OR WIFE ANNIE BARR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ROY CHINN CLARENCE MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
DUE TO (b) Some chronic (anemia?) Arteriosclerosis								
DUE TO (c) Arteriosclerotic heart disease								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Biliary Cirrhosis; Malnutrition							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)				
20c. TIME OF INJURY Hour 11 a.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 12/26/60 to 12/27/60 and last saw her him alive on 12/27/60 Death occurred at 11:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) James E. Campbell MD				22b. ADDRESS Macon Mo		22c. DATE SIGNED 12/31/60		
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL		23b. DATE DEC 30, 1960		23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) CLARENCE MO		
24. FUNERAL DIRECTOR ADDRESS GREENING CLARENCE MO				25. DATE RECD. BY LOCAL REG. 1-6-61		26. REGISTRAR'S SIGNATURE Paul McNeely		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1962

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 Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Cherone

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.