

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-047137

FILED VS JAN 4-1967

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 20 Yrs.		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 243 Bedford		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First HOWARD Middle ORTON Last HILL				4. DATE OF DEATH Month DEC. Day 28 Year 1960											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-10-1896		9. AGE (last birthday) 64		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) B & B Foreman				10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.				11. BIRTHPLACE (City and state or country) Albany, Missouri				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Benjamin O. Hill				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
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. 703-01-1471		17. INFORMANT Mrs. Laura Hayden				Address Moberly					
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 coronary infarction										INTERVAL BETWEEN ONSET AND DEATH Immediate					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 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 Moberly				COUNTY Randolph		STATE Missouri			
21. I attended the deceased from July, 1960 to present time and last saw him alive on Dec. 5, 1960 Death occurred at 7:40 P. M., 12/28/60 on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE L. K. McMartry, M.D., Surgeon in Charge										22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri				22c. DATE SIGNED 12/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-30-1960		23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens				23d. LOCATION (City, town, or county) (State) Moberly Missouri							
24. FUNERAL DIRECTOR Mahan Funeral Service				ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 12-30-60		26. REGISTRAR'S SIGNATURE L. K. McMartry							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

FEB 10 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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly

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.