

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

-60-019162

FILED VS JUN 6 1960

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 156

UNDECEASED

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 5 days	c. CITY OR TOWN Deepwater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) in Deepwater	
3. NAME OF DECEASED (Type or print) First Mary Middle Alice Last Mather			4. DATE OF DEATH Month May Day 30 Year 1960		
5. SEX Female	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 Feb 22, 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Teacher		11. BIRTHPLACE (City and state or country) Centerview, Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel B McMahan		13b. MOTHER'S MAIDEN NAME Amanda A Weir		14. NAME OF HUSBAND OR WIFE Chalmer A Mather	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Stella Remley 4134 So Benton KC 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) Circulatory collapse					INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral-vascular thrombosis					3 days
DUE TO (c) automobile accident's concussion					5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arterial sclerosis				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 checked="" type="checkbox"/> NO <input 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 accident			
20c. TIME OF INJURY Hour 9:30 AM a.m. p.m. Month, Day, Year 5-25-60					
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.) Highway	20f. CITY, TOWN, OR LOCATION 2 miles south of Deepwater Mo		COUNTY Mo STATE Mo
21. I attended the deceased from 5-25-60 to 5-30-60 and last saw her/him alive on 5-30-60 . Death occurred at 5:30-60 9:23 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carroll R. Wetzel, M.D.			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 5/31/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE JUNE 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Maplewood, C.M.		23d. LOCATION (City, town, or county) Brownington, Mo.	(State)
24. FUNERAL DIRECTOR Sickman & Dunning		ADDRESS F H Clinton, Mo	25. DATE RECD. BY LOCAL REG. June 1, 1960	26. REGISTRAR'S SIGNATURE Huldaed Bigum	

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 Robert L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton

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.