

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

59-033244

STATE FILE NUMBER

FILED VS. OCT 13 1959 27 v

Registration District No. _____

Primary Registration District No. 4403

Registrar's No. 49

ENDED

1. PLACE OF DEATH a. COUNTY <u>State, Pennsylvania</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Prout</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steele</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>Steele</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>300 So Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary I</u> Middle <u>Wood</u> Last <u>Wood</u>			4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>59</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-78</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>7</u> Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Wash</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Wineco, Co Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Henry White</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Deane</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Mrs L. Cupple Steele Mo</u> Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 yrs.</u>
IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>		
DUE TO (b) <u>arteriosclerosis</u>		
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 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.)	
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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 _____ COUNTY _____ STATE _____
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21. I attended the deceased from 1957 to 9/26/59 and last saw her alive on 9/26/59.
Death occurred at 3p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Beil E. Holcomb, M.D.</u> (Degree or title)		22b. ADDRESS <u>Steele, Mo.</u>	22c. DATE SIGNED <u>9/28/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>9-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deer Hollow</u>	23d. LOCATION (City, town, or county) (State) <u>Lawrence, Tenn</u>
24. FUNERAL DIRECTOR <u>Lawrence Wood Co Steele Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>10-6-59</u>	26. REGISTRAR'S SIGNATURE <u>L. R. Rainey</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure
Signature of Student Embalmer

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Courthouse

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.