

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

59-033476

FILED VS SEP 22 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 355

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francis				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Missouri b. COUNTY Washington				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre			Length of stay in 1b		c. CITY OR TOWN Potosi		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 707 Nicholson Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Fred Wright				4. DATE OF DEATH Month Sept. Day 13, Year 1959				
5. SEX Male		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 July 18 1890		
9. AGE (last birthday) 69		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) Machinist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Steelville Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Kock Wright			13b. MOTHER'S MAIDEN NAME Mary Dicus			14. NAME OF HUSBAND OR WIFE Louise Wright		
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. 488-07-8318		17. INFORMANT Louise Wright Address Potosi Mo. 707 Nicholson Dr.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 48 hours.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis.							Unknown	
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 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 Month, Day, Year a.m. p.m.								
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 Sept. 11, 1959 to Sept. 13, 1959 and last saw him alive on Sept. 13, 1959 Death occurred at 1:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 9/14/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/15/59		23c. NAME OF CEMETERY OR CREMATORY New Masonic		23d. LOCATION (City, town, or county) (State) Potosi Mo.		
24. FUNERAL DIRECTOR Oman Jenkins ADDRESS Potosi, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 14, 1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5561 08 220

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 *Murphy L. ...*

Licensed Embalmer No. 4536

P. O. Address *Flat ...*

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.