

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-034184

FILED VS SEP 29 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **8473** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		a. STATE Ohio b. COUNTY Morgan	
c. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		c. CITY OR TOWN McConnellsville.	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Rt. # 2	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Delmar Middle D. Last Peyton			4. DATE OF DEATH Month Sept. Day 12, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11 / / 1939	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) Ohio	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Ansford Peyton		13b. MOTHER'S MAIDEN NAME Welda Stafford	
14. NAME OF HUSBAND OR WIFE Nil.		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. Nil.	
17. INFORMANT Ansford Peyton, Rt. # 2, McConnellsville.		Address Ohio			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Subdural hemorrhage; hemorrhage caused by fractured ribs and ruptured liver, suffered in collision between car operated by one Johnny Hulon, in which deceased was a passenger, and car operated by one George McClenahan, at intersection of Sidney and Nebraska, about 10:30 p.m. Sept. 12, 1959. CRIMINAL CARELESSNESS ON THE PART OF JOHNNY HULON**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) see above
20c. TIME OF INJURY 10:30 P.M.	Month, Day, Year 9/12/59	
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.) 231 street	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		Death occurred at 10:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE <i>Joseph M. ...</i>	(Degree or title)	22b. ADDRESS 1300 Clark Ave	22c. DATE SIGNED 9/14/59
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-14-59	23c. NAME OF CEMETERY OR CREMATORY Bristol Cemetery	23d. LOCATION (City, town, or county) (State) Morgan County, Ohio
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 14 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Etienne P. Remelica

Licensed Embalmer No. 4283

P. O. Address St. Louis

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.