

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-035866

FILED VS OCT 26 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1088A STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 1 1/2 hr	c. CITY OR TOWN R.F.D. HARTVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST (Hosp)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9 mi W. HARTVILLE
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DORA Middle GERTRUDE Last MINGUS			4. DATE OF DEATH October-1-1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/2/1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) WEBSTER Co. MO.		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME DAVID ELLIS		13b. MOTHER'S MAIDEN NAME CORNELIA Pyatt		14. NAME OF HUSBAND OR WIFE Deceased	
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. None		17. INFORMANT Hosp. Authorities Springfield 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) **Atherosclerotic Heart Disease**

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 NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **Oct 11 1959** to **only** and last saw her **alive** on **11 Oct 1959**
Death occurred at **5:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Mark A. Peterson MD

22b. ADDRESS
Springfield, 146

22c. DATE SIGNED
19 Oct 59

23a. BURIAL, CREMATION, OR REMOVAL (Specify)
BURIAL

23b. DATE
10/13/1959

23c. NAME OF CEMETERY OR CREMATORY
Mt. Zion

23d. LOCATION (City, town, or county)
WRIGHT Co

24. FUNERAL DIRECTOR
John Simpson Hartville Mo

25. DATE RECD. BY LOCAL REG.
10-20-59

26. REGISTRAR'S SIGNATURE
Effie G. Meeton

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address _____

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.