

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

UNRECORDED

FILED VS NOV 24 1959 47

59-039159

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>	Length of stay in 1b <b>4 Days</b>	c. CITY OR TOWN <b>New Bloomfield</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D.# 2</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Bertie</b> Middle <b>Mae</b> Last <b>Stephens</b>	4. DATE OF DEATH Month <b>Nov.</b> Day <b>18</b> Year <b>1959</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/30/1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>5</b>	IF UNDER 24 HR Hours <b>5</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Dixie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William T. Herring</b>	13b. MOTHER'S MAIDEN NAME <b>Annie L. Meloy</b>	14. NAME OF HUSBAND OR WIFE <b>Frank E. Stephens<sup>S</sup></b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Frank E. Stephens, New Bloomfield</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 Min</b>
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) <b>Coronary Arteriosclerosis H.P. Corp</b>	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
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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 _____
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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 **1950** to **Death** and last saw her alive on **11-18-59**  
Death occurred at **6:20 Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>John J. Brown MD</b>	22b. ADDRESS <b>Fulton Mo</b>	22c. DATE SIGNED <b>11-21-59</b>
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23a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Memorial Garden</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Wallace Funeral Home Fulton, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS 1959

0961 67 23

**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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, Mo*

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.