

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

FILED VS JAN 11 1960

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UNRECORDED

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark, Mo</u>		Length of stay in 1b <u>4 Days</u>		c. CITY OR TOWN <u>Vacant Lot Ozark, Mo</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 <u>Vacant Lot Ozark, Mo</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Ozark, Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Alfie</u> Middle <u>Wimmer</u> Last <u>Wimmer</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>31</u> Year <u>1959</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>II/28/97</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state) <u>Christian, Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>					
13a. FATHER'S NAME <u>George Baird</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Tennis</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. <u>None</u>		17. INFORMANT <u>Mrs Alma Porter, Ozark, 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					
IMMEDIATE CAUSE (a) <u>Suffocation</u>												
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>plastic bags being placed over head</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 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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Deceased left suicide note - plastic bags were tied around neck by back of nylon hose and a plastic rain coat belt - Body found 5:15 P.M., 1-3-1960</u>								
20c. TIME OF INJURY Hour <u>am</u> Month <u>12</u> Day <u>31</u> Year <u>59</u>		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 <u>6:40 A.</u> to <u> </u> and last saw her/him alive on <u> </u> death occurred <u>12/31/59</u> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>Dean Harris</u> (Degree or title) <u>Coroner County</u>				22b. ADDRESS <u>Clever, Mo.</u>				22c. DATE SIGNED <u>1-3-1960</u>				
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 5-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>						
24. FUNERAL DIRECTOR <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Loretta Leonard</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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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: 2-192

If this body is not embalmed, fact should be so stated above.