

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

FILED VS JAN - 7 1960

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STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 3

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Polk</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>8 months</u>	c. CITY OR TOWN <u>Humansville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R # 3</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Nellie</u> Middle <u>Bly</u> Last <u>Adney</u>			<b>4. DATE OF DEATH</b> Month <u>12</u> Day <u>21</u> Year <u>59</u>			
<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>3/8/93</u>	<b>9. AGE (last birthday)</b> <u>66</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Belle City, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>Logan Mills</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Naomi Jane McCumber</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Walter Adney</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>354-03-6555</u>	<b>17. INFORMANT</b> Address <u>Walter Adney R 3 Humansville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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) <u>Cerebral Hemorrhage</u>					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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____	STATE _____		
<b>21. I attended the deceased from</b> <u>1959</u> to <u>12/21/59</u> and last saw her <u>alive</u> on <u>12/21/59</u> Death occurred at <u>6 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>A H Robinson M.D.</u>			<b>22b. ADDRESS</b> <u>Humansville, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12/21/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>23b. DATE</b> <u>12/21/59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Creston Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Creston, Illinois</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Beckwith Funeral Home Humansville, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Jan 2, 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Ralph Gordon per Jewell Gordon</u>		

**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 D. H. Beckwith

Licensed Embalmer No. 3937  
P. O. Address Hemansville,

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.