

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 22 1959

59 045 178
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins		Length of stay in 1b		c. CITY OR TOWN Elvins		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 Camilia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 404 Camilia		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEO RUSSELL WHALEY				4. DATE OF DEATH Month Day Year December 14, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-17-1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min. 1 27	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rivermines, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Amos Whaley			13b. MOTHER'S MAIDEN NAME Zadie Jones			14. NAME OF HUSBAND OR WIFE Zelma Nelson Whaley		
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. 492-16-6990		17. INFORMANT Address Mrs. Zelma Whaley Elvins, 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) Bronchogenic Carcinoma of lung							INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
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. <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 type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. 4 A	Month, Day, Year 12-16-1959		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 Farmington, Mo.	
21. I attended the deceased from Sept 19-59 to Dec 19-59 and last saw ^{her} him alive on Dec 7, 1959 Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) D. A. Heckster M.D.				22b. ADDRESS Farmington, Mo.			22c. DATE SIGNED (State) 12/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-16-1959	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) Farmington, Mo.			
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 16, 1959		26. REGISTRAR'S SIGNATURE Ethel Padloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 24 1961

STATEMENT BY LICENSED EMBALMER

JAN
DEC 29 1959

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. 589

working under my personal supervision.

Student Richard C. Leever
Signature of Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4234

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.