

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

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-60-005255

STATE FILE NUMBER

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>   |   | Length of stay in 1b<br><b>18 days</b>  | c. CITY OR TOWN <b>Albany</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>CHARLES RANDALL RAINNEY</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>February 11, 1960</b>   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/15/1957</b>   |
| 9. AGE (last birthday)<br><b>2</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>infant</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  | 11. BIRTHPLACE (City and state or country)<br><b>Bethany, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   | 13a. FATHER'S NAME<br><b>Charles Rainey</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Wharton</b>  |   | 14. NAME OF HUSBAND OR WIFE<br>-----  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.<br>-----  | 17. INFORMANT<br><b>Mrs. Charles Rainey, Albany, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Leukemia, acute</b><br>DUE TO (b) <b>Hepatitis, acute</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 mo</b><br><b>1 wk</b>   |
| 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m. Month, Day, Year   |   | 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 <b>1/18/59</b> to <b>2/11/60</b> and last saw her/him alive on <b>2/11/60</b><br>Death occurred at <b>11:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><b>Charles J. Shelton, MD</b>  |   | 22b. ADDRESS<br><b>902 Edmund St.</b>   | 22c. DATE SIGNED<br><b>2/11/60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  | 23b. DATE<br><b>2/11/1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)<br><b>Albany, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Hector Bowman</b>   |   | ADDRESS<br><b>St. Joseph, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>Feb. 15, 1960</b>   |
| 26. REGISTRAR'S SIGNATURE<br><b>Mr. Clark Goodell</b>  |   |   |  |

DOCUMENT

MEDICAL CERTIFICATION  
C.F. Shevlin, M.D.

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.