

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007549

FILED VS MAR 14 1960

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 111

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Pettis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Johnson</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i>		Length of stay in 1b <i>10 days</i>		c. CITY OR TOWN <i>Knob Noster</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS -----		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>OSCAR</i>		Middle <i>W.</i>		Last <i>PEITHMAN</i>		Month Day Year <i>March 10 1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-12-1887</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming</i>		11. BIRTHPLACE (City and state or country) <i>Nashville, Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>E. Fredrick Peithman</i>			13b. MOTHER'S MAIDEN NAME <i>Helene Garnholtz</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Cora Peithman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <i>Yes WW I</i>		16. SOCIAL SECURITY NO. <i>WW I</i>		17. INFORMANT Address <i>Mrs. Cora Peithman, Knob Noster, Missouri</i>			
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) <i>Acute Myocardial Infarction</i>						<i>10 days</i>	
DUE TO (b) <i>Arteriosclerotic Heart Disease and Cardiac Decompensation & Pulmonary Edema</i>						<i>Unknown</i>	
DUE TO (c) _____						_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>						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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 Month, Day, Year a.m. p.m.							
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 <i>March 1, 1960</i> to <i>March 10, 1960</i> and last saw ^{him} him alive on <i>March 10, 1960</i> Death occurred at <i>11:20 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>T. S. Hopkins, M.D. MD</i>				22b. ADDRESS <i>1609 S. Limit Sedalia, Missouri</i>		22c. DATE SIGNED <i>3-11-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-12-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Sedalia, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>The Brauningers, Warrensburg, Missouri</i>				25. DATE RECD. BY LOCAL REG. <i>3-11-1960</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 26 1960

APR 23 1960

APR 22 1960

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 J. S. Hukshorn

Licensed Embalmer No. 4092
P. O. Address Warrensburg

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.