

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-007734

FILED VS MAR 9 1960

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 35

STATE FILE NUMBER

ENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond</u>			Length of stay in 1b <u>6 weeks</u>		c. CITY OR TOWN <u>HARDIN</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>Taylor Rest Home</u>				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) First <u>JULIA</u> Middle <u>ETTA</u> Last <u>WILLIAMS</u>						4. DATE OF DEATH Month <u>FEB.</u> Day <u>29</u> Year <u>1960</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 5, 1875</u>		9. AGE (last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>WINTERSET, IOWA.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>THOMAS GARRITY</u>				13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE MOORE</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN D. WILLIAMS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>ROMA WHITE - NORBORNEY Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>								INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.		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 <u>1-28-60</u> to <u>2-29-60</u> and last saw her/him alive on <u>2-28-60</u> Death occurred at <u>8:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Thomas B. Good, M.A.</u>				22b. ADDRESS <u>Richmond, Mo.</u>				22c. DATE SIGNED <u>3/2/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		23b. DATE <u>3-2-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WIKENDIA CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>RAY COUNTY Mo.</u>			
24. FUNERAL DIRECTOR <u>KNIPSCHILD & BARCHERDINA - HARDIN Mo.</u>				ADDRESS <u>4-4-1960</u>		25. DATE RECD. BY LOCAL REG. <u>4-4-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, Mo

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.