

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

RECEIVED

**FILED VS MAR 29 1960**

**60-011518**

STATE FILE NUMBER

Registration District No. 5-5 Primary Registration District No. 3127 Registrar's No. 58

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jasper</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City</b>		Length of stay in 1b <b>62 Years</b>		c. CITY OR TOWN <b>Webb City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>721 W. Austin</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>721 W. Austin</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Oliver</b> Middle <b>Good</b> Last <b>Good</b>				<b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>20</b> , Year <b>1960</b>							
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>1-11-78</b>		<b>9. AGE</b> (last birthday) <b>82</b>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min. <b>IF UNDER 24 HR</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Gas Service Co. Employee</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Employee</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Oronogo, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>Joseph G. Good</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Brennehan</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna Good</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				<b>16. SOCIAL SECURITY NO.</b> <b>486-03-6313</b>		<b>17. INFORMANT</b> <b>Anna Good 721 W. Austin St. Webb City, Mo.</b>					
<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) _____ DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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											
<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"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Did Not attend</b>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE					
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.</b> Death occurred at <b>9:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.											
<b>22a. SIGNATURE</b> <i>[Signature]</i> (Degree or title) <b>H.D.</b>				<b>22b. ADDRESS</b> <b>Webb City, Mo.</b>				<b>22c. DATE SIGNED</b> <b>3-21-60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>3-23-60</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Ozark Memorial Cem</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Joplin, Mo.</b>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Johnston-Arnica-Simpson Webb City, Mo.</b>					<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-22-60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>				

DOCUMENT

MEDICAL CERTIFICATION

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

*Jack C. Simpson*

Licensed Embalmer No. *464*

P. O. Address *Webb City*

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.