

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

=60-014497

FILED VS APR 18 1960

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 4

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bosworth</u> Length of stay in lb <u>3 years</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> c. CITY OR TOWN <u>Bosworth</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>LEROY</u> Last <u>FIELDS</u>			4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 29-1879</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u> Hours <u></u> Min. <u></u> IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Bosworth, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Edward Fields</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda R. New</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mabel Fields</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>440-10-5361</u>			
17. INFORMANT <u>Mrs. Mabel Fields</u>		Address <u>Bosworth, Mo.</u>		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>Acute Cardiac Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u> 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____		
20g. COUNTY _____		20h. STATE _____		21. I attended the deceased from <u>4/9/60</u> to <u>4/9/60</u> and last saw <u>her</u> alive on _____ Death occurred at <u>6:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. M. Carver</u> (Degree or title) <u>Carver</u>		22b. ADDRESS <u>Carrollton Missouri</u>		22c. DATE SIGNED <u>4/9/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		23b. DATE <u>Apr 13-1960</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>Nowata Memorial</u>			
23d. LOCATION (City, town, or county) <u>Nowata, Oklahoma</u>		24. FUNERAL DIRECTOR <u>Leigard & Edwards</u>		25. DATE RECD. BY LOCAL REG. <u>April-12-1960</u>			
26. REGISTRAR'S SIGNATURE <u>Pearl Koch</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 26 1960

APR 2

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

David J. Edwards

Licensed Embalmer No. 326

P. O. Address Bonwill

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.