

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018034

FILED VS MAY 3 1960

Registration District No. 337 Primary Registration District No. 4479 Registrar's No. 37

STATE FILE NUMBER

| | | | | | | | |
|---|---|---|--|---|--|---|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Shelby | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina | | a. STATE Missouri COUNTY Shelby | | c. CITY OR TOWN Shelbina | |
| Length of stay in 1b 20 Years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | 5. AGE (last birthday) | |
| First Charles | | Middle Wallace | | Last Young | | Month April Day 27 Year 1960 | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH. | 9. AGE (last birthday) | | IF UNDER 1 YEAR | |
| Male | White | | 7/10/1876 | 83 | | Months | Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | |
| Farmer - Grain Dealer | | Farming | | Marion County, Mo. | | U.S.A. | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | | | |
| William H. Young | | Elizabeth Melissa Wallace | | - Leta B. Young | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | | | |
| No | | None | | Mrs. Ernest Hamilton, Shelbina, Mo. | | | |
| 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) Coronary Thrombosis | | | | | | | 1 year |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Lymphosarcoma | | | | | | | |
| 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 <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>July 15, 1959</u> to <u>Apr. 27, 1960</u> and last saw him ^{her} alive on <u>Apr. 26, 1960</u> Death occurred at <u>eleven</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| <i>Dr. Joseph H. Tompkins</i> | | | | Shelbina, Missouri | | 4/29/60 | |
| 23a. BURIAL, CREMATION REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | | |
| Burial | 4/30/1960 | Shelbina Cemetery | | Shelbina, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | | | |
| Hayes Funeral Home, Shelbina, Mo. | | Apr 30 - 60 | | <i>Ada Garrison</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 Paul E Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.