

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 18 1960

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=60-020788

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		Length of stay in 1b 6 days	c. CITY OR TOWN Festus		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 215 N. 9th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAY Middle GRIMES Last COLVIN			4. DATE OF DEATH Month May Day 5 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retires Salesman		10b. KIND OF BUSINESS OR INDUSTRY Theatrical Supplies	11. BIRTHPLACE (City and state or country) Pittsfield, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Benton Colvin		13b. MOTHER'S MAIDEN NAME Alice Grimes		14. NAME OF HUSBAND OR WIFE Helen Colvin (Johnston)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-44-0155	17. INFORMANT Address Mo Mrs. Helen Colvin, 215 N. (th St. Festus Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEPTIC POLYARTHRITIS 720x					10 DAYS	
DUE TO (c) SEPTICEMIA, ETIOLOGY UNKNOWN					10 DAYS	
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 checked="" type="checkbox"/> NO <input 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 APRIL 30, 1960 to MAY 5, 1960 and last saw her/him alive on MAY 5, 1960 Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>E. O. Vermillion</i> (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 5/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 5-7-60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove,		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. MAY 6 1960	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mg

STATEMENT BY LICENSED EMBALMER **MAY 19 1980**

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

Albert J. [unclear]

Licensed Embalmer No. 3010

P. O. Address Foster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.