

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

FILED VS JUL 20 1960

=60-027549

INDEXED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 135

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILL.</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Length of stay in 1b <u>2 HRS.</u>		c. CITY OR TOWN <u>E. ALTON</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>ST. FRANCIS HOSP</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>402 E. MAIN ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>AARON</u> Middle <u>DAILY</u> Last <u>ARNOLD</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>2</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>2-18-1919</u>		9. AGE (last birthday) <u>41</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>14</u>		11. 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>PRODUCTION WORKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>OLEN MATHESON</u>				11. BIRTHPLACE (City and state or country) <u>FRANKLIN CO. ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>JOHN P. ARNOLD</u>				13b. MOTHER'S MAIDEN NAME <u>IDA E. DURHAM</u>				14. NAME OF HUSBAND OR WIFE <u>LUCILLE ARNOLD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>				16. SOCIAL SECURITY NO. <u>342-12-3375</u>		17. INFORMANT ADDRESS <u>HARRY ARNOLD WOODRIVER ILL.</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>Floil chest injury Chest Complete separation of sternum</u> DUE TO (b) <u>Hemorrhage, Pneumothorax</u> DUE TO (c) <u>and Subcutaneous emphysema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" 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.) <u>Automobile accident Highway</u>									
20c. TIME OF INJURY Hour <u>5:50</u> a.m. <u></u> Month, Day, Year <u>7-2-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>New Cambria, Macon MO</u>		COUNTY		STATE			
21. I attended the deceased from <u>7-2-60</u> to <u>7-2-60</u> and last saw her alive on <u>7-2-60</u> Death occurred at <u>7:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>John H. ... MD</u> (Degree or title)		22b. ADDRESS <u>Macon, MO</u>		22c. DATE SIGNED <u>7-3-60</u>					
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CEM.</u>		23d. LOCATION (City, town, or County) <u>ALTON</u>		23e. (State) <u>ILL.</u>					
24. FUNERAL DIRECTOR <u>MILLER-Tillotson</u>		ADDRESS <u>MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>7-3-60</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Owens</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1 1960

SEP 9 1960

NOV 14 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albion K. Tella

Licensed Embalmer No. 4502

P. O. Address Marceline

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.