

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

=60-030084

FILED VS. AUG 29 1960

100

Primary Registration District No.

Registrar's No.

64

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 3 wks		c. CITY OR TOWN Boss		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knox Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) -			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Agnes Smith				4. DATE OF DEATH Month Day Year Aug 25 1960						
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-6-75		9. AGE (last birthday) 85		
						IF UNDER 1 YEAR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Cass County Mo		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME John Garry			13b. MOTHER'S MAIDEN NAME Mary Lunch			14. NAME OF HUSBAND OR WIFE George Kircher				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X			16. SOCIAL SECURITY NO. X		17. INFORMANT Marv Camden Boss Mo				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ca of River - Transition</i> DUE TO (b) <i>Severe anemia</i> DUE TO (c) _____ 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 checked="" 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 Month, Day, Year a.m. p.m.										
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 <i>MAY 1960</i> to <i>Aug 25, 1960</i> and last saw him alive on <i>8-25-60</i> . Death occurred at <i>10 Am</i> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Ink or title) <i>Joseph R Burnett Do</i>				22b. ADDRESS <i>Salem Mo</i>				22c. DATE SIGNED <i>8-27-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>8-27-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Princeton Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Princeton Mo</i>				
24. FUNERAL DIRECTOR <i>Spencer Funeral Home Inc</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. <i>8/26/60</i>		26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D. by</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1960

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

Carl H. Jones

Licensed Embalmer No. *9376*

P. O. Address *Palmer*

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.