

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

UNRECORDED
 FILED VS AUG 24 1960 273

-60-031532

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. xxx Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bois Brule Twp.		Length of stay in 1b Life	c. CITY OR TOWN Perryville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, Rte. 6		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rte. 6		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Eugene Paul Farrar			4. DATE OF DEATH Month Day Year 8-15-60		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-15-55	9. AGE (last birthday) 4	IF UNDER 1 YEAR Months Days Hours Min.
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) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Farrar, Jr.		13b. MOTHER'S MAIDEN NAME Iola A. Clements		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT Address Frank Farrar, Jr., Perryville Rte. 6	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Corner of Perry County, Mo. DUE TO (c)					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.) Hay Elevator fell, Perryville			
20c. TIME OF INJURY Hour Month, Day, Year 5:00 p.m. 8-15-60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rte 6 Farm Home Perryville Rte 6 Perry Mo				
21. I attended the deceased from Corner of Perry County, Mo. to her and last saw him alive on 5 PM on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at Corner of Perry County, Mo.					
22a. SIGNATURE (Degree or title) Wm Keelman Corner of Perry County, Mo.			22b. ADDRESS Perryville		22c. DATE SIGNED 8/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Perryville, Mo.	
24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo		25. DATE RECD. BY LOCAL REG. 8-17-60	26. REGISTRAR'S SIGNATURE Joe J. Zoeller		

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Carroll Young

Licensed Embalmer No. 2138

P. O. Address Perryville, W. Va.

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.