

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

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 20 1960

-60-034977

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4468

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson City</u> Length of stay in lb <u>11 mo</u>		c. CITY OR TOWN <u>Jackson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>General Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>1102 Highland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>TERRY Eugene President</u>			4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>60</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Wesd</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/10/59</u>
9. AGE (last birthday) <u>11 1/2</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 24 HR Hours <u>11</u> Min. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most working life, or if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N.A.</u>	11. BIRTH PLACE (City and state or country) <u>U.S.A.</u>
12. FATHER'S NAME <u>Olmer L. President</u>		13. MOTHER'S MAIDEN NAME <u>Arletha L. Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Olmer President</u> Address <u>1102 Highland</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>Electrolyte imbalance</u> DUE TO (b) _____ 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 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>8/25/1960</u> to <u>8/28/1960</u> and last saw him alive on <u>8/28/1960</u> . Death occurred at <u>10:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title)		22b. ADDRESS <u>2400 Perry City</u>	22c. DATE SIGNED <u>8/28/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-1-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	23d. LOCATION (City, town, or county) <u>Kennett City Mo.</u> (State)
24. FUNERAL DIRECTOR <u>W &amp; H Bros. 15th &amp; Benton - Kennett</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-31-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION H. L. DWYER

**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 Bruce P. Wadlow

Licensed Embalmer No. 4500

P. O. Address 11th & Benton

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.