

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 18 1959

11

Primary Registration District No.

5053

Registrar's No.

94

59 0 4 3 2 6 9

STATE FILE NUMBER

ENDED

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>                 |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>Shell Knob</b>  |  | Length of stay in 1b  | c. CITY OR TOWN<br><b>Reeds Spring</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>J</b> Middle <b>FRANK</b> Last <b>EDWARDS</b>   |  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>10</b> Year <b>1959</b>   |  |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-22-34</b>   | 9. AGE (last birthday)<br><b>25</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer- Painter</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Reeds Spring, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Don Edwards</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Vaneta Louise Barnes</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Vaneta (Barnes) Edwards, Reeds Spring, Mo.</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Crushed skull</b>  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant</b>                                    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |  |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>Fell from top span while sand blasting on bridge.</b> |  |   |  |
| 20c. TIME OF INJURY<br><b>3:35 p.m.</b>   | Hour Month, Day, Year<br><b>12-10-59</b>   |   | Lost balance and fell to floor of bridge, 20-25 ft.  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.)<br><b>Shell Knob-Viola Bridge</b> |   | 20f. CITY, TOWN, OR LOCATION<br><b>2mi. S.E. of Shell Knob</b>   |  | COUNTY<br><b>Barry</b>  |  |
|   |  |   |  |  | STATE<br><b>Mo.</b>   |  |
| 21. I attended the deceased <b>at accident</b> , to _____, and last saw <b>her</b> <b>dead</b> <b>12-10-59</b><br>Death occurred at <b>3:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>W. E. Williamson</i>   |  |   | 22b. ADDRESS<br><b>Cassville, Mo.</b>  |  | 22c. DATE SIGNED<br><b>12-11-59</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>12-13-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Yocum Pond</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Reeds Spring, Missouri</b>   |   |  |
| 24. FUNERAL DIRECTOR<br><b>Everett J. Cheatham, Galena, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-11-59</b>   |  | 26. REGISTRAR'S SIGNATURE<br><i>Grace Williams</i>   |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 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 Paul W. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville

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.