

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-030054

KILLED VS SEP 6 1960

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 122

| | | | | | | | |
|--|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Cooper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville | | Length of stay in 1b 27 yrs | | c. CITY OR TOWN Boonville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1136 7th St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LINOEL Middle LESTER Last WISER | | | | 4. DATE OF DEATH Month August Day 31, Year 1960 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/23/12 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY Farm Machinery | | 11. BIRTHPLACE (City and state or country) Russellville, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Charles Wiser | | | 13b. MOTHER'S MAIDEN NAME Zona West | | | 14. NAME OF HUSBAND OR WIFE Ethyl Brizendine | |
| 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. 495-01-4868 | | 17. INFORMANT Mrs Linoel Wiser Boonville, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Violence DUE TO (b) Gunshot wound Chest DUE TO (c) Self inflection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 15 min | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient died in emergency room at Joseph's Hosp 15 min after admission | | | | | | 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self in home 7th Bornall's | | | | | |
| 20c. TIME OF INJURY Hour 3:50 p.m. Month, Day, Year 8 31 60 | | 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.) Home | | 20f. CITY, TOWN, OR LOCATION Boonville | |
| 21. I attended the deceased from Death occurred at 4:05 PM | | No to attendance her alive on | | COUNTY Cooper | | STATE Mo | |
| 22a. SIGNATURE M. DeKraeger M.D. | | 22b. ADDRESS Boonville Mo | | 22c. DATE SIGNED 9/1/60 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Sept. 3/60 | | 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery | | 23d. LOCATION (City, town, or county) (State) Jamestown, Missouri | |
| 24. FUNERAL DIRECTOR B. W. Thacher Boonville, Mo. | | 25. DATE RECD. BY LOCAL REG. 9/1/60 | | 26. REGISTRAR'S SIGNATURE D. Hooper | | | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 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

Berry W. Harper

Licensed Embalmer No.

3944

P. O. Address

Boonville

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.