

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2238

State File No.

FILED JAN 25 1956

BIRTH NO.		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>5918</u>		Registrar's No. <u>1326</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Twp.</u>				c. CITY OR TOWN <u>Jacob</u>		d. Is Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>8128</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Verseman</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>15,</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2, 1897</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 HRS. Hours <u> </u> Min. <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Farrar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Verseman</u>		13b. MOTHER'S MAIDEN NAME <u>Rega Engert</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Verseman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charley Fritsche</u> ADDRESS <u>Jacob, Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crush Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>neck fracture</u> DUE TO (c) <u>multiple fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coroner of Perry County, Mo. Coroner of Perry County, Mo.				INTERVAL BETWEEN ONSET AND DEATH SEAL REGISTERED OFF Perry County, Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Menfro Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Salem Twp.</u> (COUNTY) <u>Perry</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) <u>1</u> (Day) <u>15</u> (Year) <u>1956</u> (Hour) <u>12:40</u> A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>over-turned car in Ravine</u>					
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>12-4-56</u> , and that death occurred at <u>12:40</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title?) <u>Om Needman</u> Coroner of Perry County, Mo.		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>1/16/1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fountain Bluff Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-56</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8961 2 2 1962

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..... *Walter Young*

Licensed Embalmer No... *4027*

P. O. Address *Perryville*

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.