

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2239

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5948		Registrar's No. 1378			
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) Rural Salem Twp.		c. LENGTH OF STAY (in this place) None		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 5887 Ridge Ave. 2069					
3. NAME OF DECEASED (Type or Print) Dorothy		a. (First)		b. (Middle) Vanita		c. (Last) Verseman			
4. DATE OF DEATH January 15 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Aug. 13, 1932		9. AGE (In years last birthday) 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker		11. BIRTHPLACE (City and State or Foreign Country) Jacob, Illinois			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charley Fritsche		13b. MOTHER'S MAIDEN NAME Ida Luedman		14. NAME OF HUSBAND OR WIFE Harold Verseman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley Fritsche Jacob, Illinois					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Fracture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH SEAL CORONER 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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Menfro Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salem Twp. Perry Mo.		21d. TIME OF INJURY 1 - 15 - 1956 12:40 A.M.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? over-turned car in Ravine							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40 A.M., from the causes and on the date stated above.									
23a. SIGNATURE C. M. Nielsen		(Degree or title) Coroner of Perry County, Mo.		23b. ADDRESS Perryville, Missouri		23c. DATE SIGNED 1/16/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 18, 1956		24c. NAME OF CEMETERY OR CREMATORY Fountain Bluff		24d. LOCATION (City, town, or county) (State) Jackson County Illinois			
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE J. J. Pelner		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1958

MAR 27 1958

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..... *Wallace Young*
Licensed Embalmer No. 4027

P. O. Address

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.