

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2240**
Registrar's No. **1357**

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3918		Registrar's No. 1357	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. STATE Illinois b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Twp.				c. LENGTH OF STAY (in this place) None		c. CITY OR TOWN Jacob	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐			
e. STREET ADDRESS (If rural, give location) 812th St							
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) S.		c. (Last) Verseman	
4. DATE OF DEATH		(Month) Jan.		(Day) 15,		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 2, 1901	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Jackson Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Stueve		13b. MOTHER'S MAIDEN NAME Mother Unknown		14. NAME OF HUSBAND OR WIFE Arthur Verseman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Charley Fritsche ADDRESS Jacob, Ill.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple fractures 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 of Perry County	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MEHRO. ROAD		21c. (CITY, TOWN, OR TOWNSHIP) Salem Twp (COUNTY) Perry (STATE) Mo.		21d. TIME OF INJURY (Month) 1 (Day) 15 (Year) 1956 (Hour) 12:40 A.M.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? own TURNED CAR IN RUINE					
22. I hereby certify that I attended the deceased from Coroner of Perry County, Mo. to Coroner of Perry County, Mo. , 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 (Degree or title) A. M. Wiedeman Coroner of Perry County, Mo.				23b. ADDRESS Perryville Mo		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 Cem.		24d. LOCATION (City, town, or county) (State) Jackson County, Ill.	
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE Joe J. Zellner 250		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.