

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026133

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. \_\_\_\_\_ Registrar's No. 85

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bois Brule Twp.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 51</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rte. 4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence E Detjen</u>				4. DATE OF DEATH Month Day Year <u>7 - 16 - 59</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-20-39</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Marine Corps</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Cape County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Albert Detjen</u>			13b. MOTHER'S MAIDEN NAME <u>Olga Hente</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes at present</u>			16. SOCIAL SECURITY NO. <u>488-42-6463</u>		17. INFORMANT Address <u>Albert Detjen, Perryville, Rte. 4 Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Fractured Skull.</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <u>Multiple fractures</u>									
DUE TO (c) <u>Accidental means</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coroner of Perry County, Mo.</u>							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 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.) <u>Car-impact collision with - Roadside-Bluff</u>							
20c. TIME OF INJURY Hour a.m. p.m. <u>July 16 1959</u>	Month, Day, Year	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.) <u>Highway #51 - 1 1/2 mile north of McBlair, Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Perryville, Mo</u>		COUNTY <u>Perry</u>	STATE <u>1770</u>
21. I attended the deceased from <u>Coroner of Perry County, Mo.</u> to <u>Coroner of Perry County, Mo.</u> and last saw him alive on _____ Death occurred at <u>11:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. H. Beckman</u> (Degree or title) <u>Coroner of Perry County, Mo.</u>				22b. ADDRESS <u>Perryville, Mo</u>				22c. DATE SIGNED <u>7/17/59</u>	
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Burial</u>		23b. DATE <u>7-18-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Perryville Lutheran</u>			23d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>			
24. FUNERAL DIRECTOR <u>Young &amp; Sons</u> ADDRESS <u>Perryville Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7/18/59</u>		26. REGISTRAR'S SIGNATURE <u>Jose J. Zoellner</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1956

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. \_\_\_\_\_

72018 - working under my personal supervision

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Wallace 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 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.