

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029925

FILED VS SEP 14 1959

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek</u>		Length of stay in 1b		c. CITY OR TOWN <u>Isabel/H</u>		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 160</u>			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) <u>Resort Area</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Douglas</u> Middle <u>Joseph</u> Last <u>Henmann</u>				4. DATE OF DEATH Month <u>9</u> Day <u>15</u> Year <u>1959</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married ☐ Never Married ☐ Widowed ☐ <u>ch. H</u> Divorced ☐		8. DATE OF BIRTH <u>5-14-54</u>		
9. AGE (last birthday) <u>5</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crestwood, Mo</u>		
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Joseph A. Henmann</u>				
13b. MOTHER'S MAIDEN NAME <u>Mary Louise Burk</u>				14. NAME OF HUSBAND OR WIFE <u>Nadine Henmann-Webster Greer, Mo</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Nadine Henmann-Webster Greer, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest Head Injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown								
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car Wreck</u>				
20c. TIME OF INJURY Hour <u>2:15</u> Month, Day, Year <u>9-5-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 160</u>		20f. CITY, TOWN, OR LOCATION <u>Big Creek Twp</u>		COUNTY <u>Ozark</u> STATE <u>Mo</u>		
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at <u>2:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John R. Vane Greer</u> (Degree or title)				22b. ADDRESS <u>Geminill Mo.</u>		22c. DATE SIGNED <u>9-6-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-7-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Webster Greer, Mo</u>		
24. FUNERAL DIRECTOR <u>Clinkingbeard - Gainesville, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1959

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 John R. Chace

Licensed Embalmer No. 4885

P. O. Address Cincinnati

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.