

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033254

FILED VS SEP 29 1959

273

110

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

MAILED

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Marys Twp.		Length of stay in 1b	c. CITY OR TOWN Perryville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Highway T, 3 mi E of West of Silver Lake, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.5.
3. NAME OF DECEASED (Type or print) Bert Housman		4. DATE OF DEATH Sept. 11, 1959	Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 6, 1893
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Isaac Housman	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 491-18-7968	
17. INFORMANT Mrs. Nettie Gibbar, Perry-		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures (chest & neck) Car accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Corner of Perry County, Mo. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH Mo.
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. <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.) impact collision between 2 cars	
20c. TIME OF INJURY 6:40 Hour 9 11 59 Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Corner of Perry County, Mo.		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Marys Twp	20f. CITY, TOWN, OR LOCATION Perry	COUNTY Mo	STATE Mo
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 6:40 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Albert Bay Coroner of Perry County, Mo.		22a. ADDRESS Perryville Mo	22c. DATE SIGNED 9/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 14, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Rose of Lima Cem., Silver Lake, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Albert Bay, Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 9/15/59	26. REGISTRAR'S SIGNATURE Jos J Zoellner

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

