

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041186

FILED VS NOV 18 1959

273

3051

130

STATE FILE NUMBER

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

RECEIVED

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>Perryville</u>		Length of stay in lb <u>10 Years</u>		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P.C.Mem. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>503 W.St.Joseph St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle _____ Last <u>Hamper</u>				4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1959</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-7-1902</u>	9. AGE (last birthday) <u>57</u>	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) <u>Florist</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Averack, Turkey</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Sisleian Hamperzoun</u>			13b. MOTHER'S MAIDEN NAME <u>Avakian Ofsona</u>			14. NAME OF HUSBAND OR WIFE <u>Flora Hoffstetter</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>497-05-6680</u>		17. INFORMANT <u>Flora Hamper Perryville, Mo.</u>			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) <u>Skull Fracture</u> DUE TO (b) <u>Over Turned Car</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH			
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.) <u>Over Turned Truck</u>							
20c. TIME OF INJURY <u>10:00 a.m.</u>		Month, Day, Year <u>11 1 59</u>		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>HWY - #61 - North Perryville</u>		20f. CITY, TOWN, OR LOCATION <u>Perryville</u>	COUNTY <u>Perry</u>	STATE <u>MO</u>
21. I attended the deceased from <u>Coroner of Perry County, Mo.</u> to <u>Coroner of Perry County, Mo.</u> last saw her alive on _____ Death occurred at <u>5:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>W. Weidman</u> Coroner of Perry County, Mo.					22b. ADDRESS <u>Perryville Mo</u>			22c. DATE SIGNED <u>11/6/59</u> (Date)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran</u>			23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u>				
24. FUNERAL DIRECTOR <u>Young Sons Perryville Mo.</u>					ADDRESS <u>11-9-59</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-59</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zallner</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 24 1950

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

Walter 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 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.