

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018199  
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 5692 Registrar's No. 69

AMENDED FILED MAY 23 1961

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARSON GREEK TWP</u>		Length of stay in 1b		c. CITY OR TOWN <u>MEADVILLE</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>2 1/2 MI SE OF MEADVILLE</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 1/2 MI SE OF MEADVILLE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>EUGENE</u> Last <u>SENSENICH</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>13</u> Year <u>1961</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>2-15-1955</u>	9. AGE (last birthday) <u>6</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>BROOKFIELD, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>DAVID SENSENICH</u>			13b. MOTHER'S MAIDEN NAME <u>VIVIAN SUTTON</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT <u>DAVID SENSENICH, MEADVILLE, 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>Internal Injuries, chest &amp; abdomen.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>A.O.A.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Crushing seen to trauma of tractor wheel</u>								
		DUE TO (c) <u>Farm accident -</u>								
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>Pl. fell in front of tractor wheel -</u>							
20c. TIME OF INJURY Hour <u>1</u> am. <u>5</u> p.m. Month, Day, Year <u>5-13-61</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>Farm.</u>		20f. CITY, TOWN, OR LOCATION <u>Meadville.</u>		COUNTY <u>Linn</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:40</u> <u>P</u> -m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>S.W. Bohman MD</u> (Degree or title)					22b. ADDRESS <u>Brookfield, Mo</u>			22c. DATE SIGNED <u>5/15/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 16, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>MEADVILLE</u>			(State) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>WRIGHT FUNERAL Home, MEADVILLE, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-16-1961</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson dep</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 C. H. Wright, Student Embalmer No. 625

working under my personal supervision.

Student C. H. Wright  
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield

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.