

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17237

State File No. 5913

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 305 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry 0790		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Bois Brule Township		c. LENGTH OF STAY (in this place) 3	c. CITY OR TOWN Belgique		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Chester Bridge			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Albert			a. (First)	b. (Middle) Peter	c. (Last) Onderdonk Jr.
4. DATE OF DEATH May 16, 1956			4. DATE (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH December 3, 1934	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert P. Onderdonk Sr.		13b. MOTHER'S MAIDEN NAME Bettine Fuytink		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) No		16. SOCIAL SECURITY NO. 500-38-8094	17. INFORMANT'S SIGNATURE OR NAME Albert Onderdonk Sr., Belgique, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compression fracture Neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH SEAL CORONER of Perry County Mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		Coroner of Perry County, Mo. 8161	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway St.	21c. (CITY, TOWN, OR TOWNSHIP) Perry Co. Belgique (COUNTY) Mo (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May-16-56 1:20 p.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? IMPACT COLLISION car & truck				
22. I hereby certify that I attended the deceased from Coroner of Perry County, Mo. to Coroner of Perry County, Mo. that I last saw the deceased alive on Coroner of Perry County, Mo. and that death occurred at 11:29 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Newman			23b. ADDRESS Perryville Mo		23c. DATE SIGNED 5/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19, 1956	24c. NAME OF CEMETERY OR CREMATORY Belgique Catholic Cemetery, Belgique, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. May 18-1956	REGISTRAR'S SIGNATURE Jose Joellner		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1957

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, ~~and~~; Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Albert Bey*

Licensed Embalmer No.

P. O. Address *Terrville*

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.