

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-010678

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 69

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan</u>		Length of stay in lb <u>5 Min.</u>		c. CITY OR TOWN <u>Bevier 0610</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS				(If outside, give location)			
Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Bernard</u>		Middle <u>Lee</u>		Last <u>Vennemann</u>		Month <u>Apr.</u> Day <u>5</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1938</u>	9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. Mfg.</u>		11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Vennemann</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Grable</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-36-8533</u>		17. INFORMANT Address <u>Henry Vennemann Bevier, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Broken Neck, Crushed Chest,</u>						<u>20 Min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Internal Injuries,</u>							
DUE TO (c) <u>Auto Accident</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						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>Auto Accident 1.1 Mile West of 2</u>					
20c. TIME OF INJURY <u>7:30 p.m.</u>		Hour <u>Apr 5, 1958</u>		Month, Day, Year <u>New Cambria Junction - 061</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. 36</u>		20f. CITY, TOWN, OR LOCATION <u>New Cambria</u>		COUNTY <u>Macon</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>8:00 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>Lester Hutton Coroner</u>				22b. ADDRESS <u>MAcon Mo.</u>		22c. DATE SIGNED <u>4/5/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 8, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	
24. FUNERAL DIRECTOR <u>Lester Hutton</u>		ADDRESS <u>Macon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/7/58</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 17 1958

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 *Charles L. Hutton*

Licensed Embalmer No. 45

P. O. Address *Macon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.