

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033255

FILED VS SEP 29 1959 273

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. _____ Registrar's No. 114

UNDECEASED

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Randolph									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McBride		Length of stay in 1b Transient		c. CITY OR TOWN Evansville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway #51 Bois Brule Twp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Rte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Theodore Middle _____ Last Ohms				4. DATE OF DEATH Month September Day 22 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/6/1912		9. AGE (last birthday) 47		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) Truckdriver				10b. KIND OF BUSINESS OR INDUSTRY Timber		11. BIRTHPLACE (City and state or country) Oklahoma		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Dave Ohms				13b. MOTHER'S MAIDEN NAME Maggie Mahr				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) unk				16. SOCIAL SECURITY NO. 331-24-5532		17. INFORMANT Address Mrs Maggie Ohms Evansville, Ill.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3rd degree burns - (Entire @ hand) baby @ hand DUE TO (b) Explosion of Gas Tank DUE TO (c) After wreck 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) Coroner of Perry County, Mo										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 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.) Collision with truck fire from gasoline in under seat tank									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 9-22 1145 am		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #51 at McBride		20f. CITY, TOWN, OR LOCATION MC BRIDE		COUNTY Perry		STATE MO			
21. I attended the deceased from _____ of Perry County, Mo. and last saw her alive on _____ and last saw him alive on _____. Death occurred at 1145A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. W. ... (Degree or title) Coroner of Perry County, Mo.				22b. ADDRESS Perryville Mo				22c. DATE SIGNED 9/23/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-22-1959		23c. NAME OF CEMETERY OR CREMATORIUM City Cemetery		23d. LOCATION (City, town, or county) Evansville Illinois							
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo.				25. DATE RECD. BY LOCAL REG. 9/23/59		26. REGISTRAR'S SIGNATURE Jose J. Zollner							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.