

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23034

BIRTH NO. _____		REG. DIST. NO. 110		PRIMARY REG. DIST. NO. 5425		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Boeuf		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Boeuf		36 h	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence				d. STREET ADDRESS (If rural, give location) 1/2 Mile South of Berger, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) LYDIA		b. (Middle) DOROTHY		c. (Last) VOHS		4. DATE OF DEATH (Month) (Day) (Year) 7-25-1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-20-1888	
9. AGE (In years last birthday) 61		10. MONTHS 6		11. BIRTHPLACE (State or foreign country) Berger, R.F.D. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gus Rohlfing		13b. MOTHER'S MAIDEN NAME Unknown Dufner		14. NAME OF HUSBAND OR WIFE Herman Vohs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Vohs, Berger, Missouri RFD			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 444X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-25-1949, to 7-25-1949, that I last saw the deceased alive on 7-25-1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard Workman				23b. ADDRESS Hermann		23c. DATE SIGNED 7-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-49		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) Berger, R.F.D. Mo.	
DATE REC'D BY LOCAL REG. July 26, 49		REGISTRAR'S SIGNATURE Jessie Grunemann		93 25. FUNERAL DIRECTOR'S SIGNATURE Lauret Blumer		ADDRESS Berger Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 9,
AUG 4 1919
District File Number

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~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Herman Blum

Signed _____
Student Embalmer

Licensed Embalmer No. *518*

P. O. Address *Bay St Mo*

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 this body is not embalmed, fact should be so stated above.