

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42082**

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>101</u>			
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		86			
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) G c. (Last) VAN VOAST			4. DATE OF DEATH (Month) (Day) (Year) DEC. 7 1949						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 16 1870			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 9		1 YEAR 21		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD		11. BIRTHPLACE (State or foreign country) SEYMOUR INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME G.M. GOSS			13b. MOTHER'S MAIDEN NAME NEATIE G GOSS		14. NAME OF HUSBAND OR WIFE H. R. VAN VOAST				
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 Cora G. Van Voast ADDRESS _____					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic phlebitis DUE TO (c) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 7 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Nov 4, 1946 , to Dec 7, 1949 , that I last saw the deceased alive on Dec 7, 1949 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L.W. McDonald MD				23b. ADDRESS Unionville, MO		23c. DATE SIGNED 12-8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/12/49		24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE MISSOURI			
DATE REC'D BY LOCAL REG. 12-24-49		REGISTRAR'S SIGNATURE Marvell D. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Comstock Funeral Home by J.W. Comstock Unionville, Mo.					

JAN 7 1950

RECEIVED DEC 28 1950
District Health Officer No. 10
District File Number 12-49-21
Date Filed DEC 28 1950

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
Student Embalmer

Signed James W Pomstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.