

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23491

State File No. ....

FILED AUG 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>159</u>	PRIMARY REG. DIST. NO. <u>1249</u>	Registrar's No. <u>62</u>
1. PLACE OF DEATH a. COUNTY <u>Jefferson Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hellboro Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>		
c. LENGTH OF STAY (In this case) <u>4 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>414 Ninth Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hellboro Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>JANE</u> c. (Last) <u>VOSBURGH.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1-1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Oct. 26-1863</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Coshocton Ohio!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank McCrene</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		13c. NAME OF HUSBAND OR WIFE <u>Harry Vosburgh (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes - or no) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blufford R. Vosburgh</u> ADDRESS <u>Crystal City</u>		
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) <u>None</u> m.		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 <u>July 15</u> , 19 <u>51</u> , to <u>Aug 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 1</u> , 19 <u>51</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Thos Dobbins MD</u> (Degree or title)		23b. ADDRESS <u>Hellboro Mo</u>		23c. DATE SIGNED <u>8-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-2-51</u>	REGISTRAR'S SIGNATURE <u>Barthlem Merada</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Henry L. Heidmuller</u>		ADDRESS <u>603 Davis St. Louis Mo.</u>

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300  
10.48  
500  
4

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 8-9-51

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Signed Robert M Murray

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.