

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1951

State File No. 27546

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT VERNON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AVONIA MO 0350</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HEDGES REST HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>CALVIN</u> c. (Last) <u>VOELPEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14-1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 15-1864</u>
9. AGE (In years last birthday) <u>87</u>	UNDER 1 YEAR Months <u>14</u>	1 YEAR Hours <u>14</u>	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Barry county, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE CALVIN HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KEISER</u>	
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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. B. HAM Verona MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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		19b. MAJOR FINDINGS OF OPERATION <u>4221</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) (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 <u>10/21, 1950</u> , to <u>8/14, 1951</u> , that I last saw the deceased alive on <u>8/14, 1951</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. J. Jones M.D.</u>		23b. ADDRESS <u>Mt Vernon, MO</u>	
23c. DATE SIGNED <u>8/16/51</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 16-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SPRINGRIVER</u>		24d. LOCATION (City, town, or county) (State) <u>VERONA MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Neidhardt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Marsh</u>		ADDRESS <u>Avonia MO</u>	

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

550
4

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File 851-1524

Date Filed 8-23-51

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Gene Starrant

Licensed Embalmer No. _____

4809

P. O. Address _____

Kurera, 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.