

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34251**

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois COUNTY Adams	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quincy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61		d. STREET ADDRESS (If rural, give location) 2017 Monroe St.	
3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) George Henry c. (Last) Voss			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 13, 1931
9. AGE (In years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student	11. BIRTHPLACE (State or foreign country) Troy, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student		10b. KIND OF BUSINESS OR INDUSTRY Culver-Stockton	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Milton Henry Voss		13b. MOTHER'S MAIDEN NAME Helen Marie Ottwein	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME M.H. Voss, Quincy, Ill. ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basic Skull Fracture ANTECEDENT CAUSES DUE TO (b) Posterior part of head crushed DUE TO (c) Car collision II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 8234 22	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway No. 61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Canton, Lewis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 21, 1951 2:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car collision	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl H. Buckley, Coronar		23b. ADDRESS Canton, Missouri	23c. DATE SIGNED 10/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, '51	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Illinois
DATE REC'D BY LOCAL REG. 10-22-51	REGISTRAR'S SIGNATURE P. H. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Buckley General Home ADDRESS Canton, Mo.	

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

564
3

1955 2 AOM

FEB 14 1955

OCT 29 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 10-51-1919

Date Filed:

OCT 29 1951

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 *Earl H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.