S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14725

State File No.

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 6200 Registrar's No. 189

495
1

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Residence) 2316 Jackson Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 2316 Jackson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Gaston
b. (Middle):
c. (Last): Voegelin

4. DATE OF DEATH (Month) (Day) (Year): 4-8-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-5-1892
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance Building
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Paris, France 5
12. CITIZEN OF WHAT COUNTRY?: France

13a. FATHER'S NAME: Joseph Voegelin
13b. MOTHER'S MAIDEN NAME: Catherine Hessman
14. NAME OF HUSBAND OR WIFE: Marie Emilienne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Joplin, Mo. Marie Emilienne Voegelin 2316 Jackson

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) Myocardial Infarction Acute — INTERVAL BETWEEN ONSET AND DEATH: 1 HOUR

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — Syphilis

5-20-53 [illegible] Coroner's Inquest

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* May 1949, *to* April 8, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 2:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): D
23b. ADDRESS: Lamar Bldg Joplin Mo
23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-1953
24c. NAME OF CEMETERY OR CREMATORY: ~~Mt Hope Com~~ Osborne Memorial
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 4-22-53
REGISTRAR'S SIGNATURE: Ora O. Jones 138-D by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-27-53
Jasper County Health Office

County File Number 53-4-355

Date Filed 4-28-53

MAR 8 1954

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 W. E. Hiatt Taylor

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jasper }

State File No. 14725
Local Registrar's No. 2001

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11 day of May, 1953, before me appears Cecil A. Thornhill, who, upon his oath, states that the original record of ~~birth~~ death for Gaston Voegelin died April 8, 1953, 19..., in the State of Missouri, and which was filed at Joplin on April 22, 1953, should be corrected as follows:

Item No. 24-C should read Osborne Memorial Cemetery
Instead of Mt. Hope Cemetery
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
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Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil A. Thornhill
none.
Funeral Director
Relationship.

305 W. 4th St., Joplin, Missouri.
Present Address.

Subscribed and sworn to before me this 11 day of May, 1953

My Commission expires My Commission Expires Sept. 28, 1955

William E. Huddleston Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAY 12 1953

V. S. 135
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