

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31340

FILED SEP 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 268

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Loose Creek</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. F. Still Osteopathic Hosp.</u>		* STREET ADDRESS (If rural, give location) <u>R.R. One Mile So. of Loose Cr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wilhelm</u>	b. (Middle) <u>Wm</u>	c. (Last) <u>Vossen</u>	DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 1, 1867</u>	9. AGE (In years last birthday) <u>85</u> 9 MONTHS <u>23</u> DAYS	10. IF UNDER 1 YEAR Hours <u>22</u> Min.	10. IF UNDER 1 YEAR Hours <u>22</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Loose Creek Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ADOLPH VOSSEN</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE GUTZ</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine MADENACHER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Vossen</u>	ADDRESS <u>Loose Creek Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>45-61</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypostatic pneumonia</u> DUE TO (c) <u>Dry Gangrene Left Foot</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION <u>9/19/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Amputation L. leg at mid calf.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/23, 1953, that I last saw the deceased alive on 9/23, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Michael Sr.</u>	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>9/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 23-1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Clyde Moulton, Linn Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Vernon M. Maston*.....

Licensed Embalmer No. *41*.....

P. O. Address *Lin*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.