

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11688

State File No.

FILED MAY 3 1954 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Gerald	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) Rural Boone	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) VOSSBRINK		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 13, 1870
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Gerald, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Henry Vossbrink	
13b. MOTHER'S MAIDEN NAME Wilhelmina Keller		14. NAME OF HUSBAND OR WIFE Anna Paulina Vossbrink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. T. H. Vossbrink	
17. INFORMANT'S SIGNATURE OR NAME Gerald, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 4-11-54	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound / Self inflicted		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility & Delirium DUE TO (c) Arterial Sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease			
19a. DATE OF OPERATION 4-11-54		19b. MAJOR FINDINGS OF OPERATION Strangled ligament hernia E976X	
20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Franklin Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 28 1954 3		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? self inflicted			
22. I hereby certify that I attended the deceased from 4-11 , 19 54 , to 4-28 , 19 54 , that I last saw the deceased alive on 4-28 , 19 54 , and that death occurred at 4:17 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or title) Charles R. H. H. H.		23b. ADDRESS Gerald	
23c. DATE SIGNED 4-30-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-54	
24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		24d. LOCATION (City, town, or county) (State) Gerald, Missouri	
DATE REC'D BY LOCAL REG. 5/1/54		REGISTRAR'S SIGNATURE 99-0	
25. FUNERAL DIRECTOR'S SIGNATURE E. R. Ottmann		ADDRESS Union, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. F. Olmstead*

Licensed Embalmer No. *1680*

P. O. Address *Union, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.