

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1954

State File No. 38347

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 51

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green - ^{Cherry} Sub 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. North Bowling Green		d. STREET ADDRESS (If rural, give location) ---- R.F.D. # 1	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) JOSEPH c. (Last) VOHSEN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 21, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 22	IF UNDER 6 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Robertson, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Philip Vohsen	13b. MOTHER'S MAIDEN NAME Rosa Sweeney	14. NAME OF HUSBAND OR WIFE Hulda Vohsen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No. (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Vohsen, Robertson, Mo. ADDRESS _____
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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 ?
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	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) Robertson Mo 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Nov 13**, 1954, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23a. SIGNATURE J. O. Mudd, Coroner (Degree or title)	23b. ADDRESS Bowling Green Mo	23c. DATE SIGNED Nov 14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 16, 54	24c. NAME OF CEMETERY OR CREMATORY St. John's E.V.	24d. LOCATION (City, town, or county) (State) Bellefontain, Mo.
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DATE REC'D BY LOCAL REG. 11-19-54	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Gur Baumann ADDRESS Overland, Mo.
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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.....
Student Embalmer

Signed.....

James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Burling Green, 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.