

19554

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 11 1955

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5880</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>LINN R.D.#2</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>LINN MO</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>on farm at home</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.#2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>JOHN</u> c. (Last) <u>VOSS</u>			4. DATE OF DEATH (Month) <u>JULY</u> (Day) <u>2</u> (Year) <u>1955</u>				
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>Sept. 28, 1893</u>	
9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>self-</u>					
13a. FATHER'S NAME <u>Louis Voss Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna Voss</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Wingrath Voss</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Voss</u> ADDRESS <u>Linn MO R.D.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull and broken neck</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE to (b) <u>due to accident by being thrown from a load of hay to the</u> DUE to (c) <u>ground.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9021</u> <u>3</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn RFD #2 Osage MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 2 1955 7:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>top of load hay by being thrown accidentally from</u>			
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) <u>Clyde Norton</u> Coroner				23b. ADDRESS <u>Linn Mo Box 255</u>		23c. DATE SIGNED <u>7/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St George cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn MO</u>	
DATE REC'D BY LOCAL REG. <u>July 6-1955</u>		REGISTRAR'S SIGNATURE <u>Ta [Signature]</u> <u>235-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>		ADDRESS <u>Linn MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

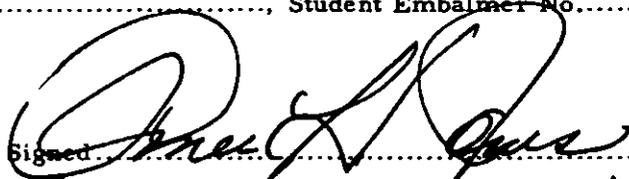
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No.

P. O. Address.....

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.