

No. 300
10-48

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

138803

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. CITY OR TOWN Concordia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 Days		e. STREET ADDRESS (If rural, give location) Concordia Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print) a. (First) August	b. (Middle) G.	c. (Last) Voigt	4. DATE OF DEATH (Month) (Day) (Year) 4-8-56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 7 1867
9. AGE (In years last birthday) 88		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) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and State or Foreign Country) ✓ Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A			

13a. FATHER'S NAME Phillip Voigt	13b. MOTHER'S MAIDEN NAME Maria Klopotch	14. NAME OF HUSBAND OR WIFE Clara Louise Bebing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS F.C.Voigt Concordia, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 13 days 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured left hip		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Terminal leukemia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) 054 (COUNTY) (STATE)
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?

22. I hereby certify that I attended the deceased from Dec 1954, to 8 April, 1956, that I last saw the deceased alive on 7 April, 1956, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Medd Matson M.D.	(Degree or title) M.D.	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 9 April 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-56	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	24d. LOCATION (City, town, or county) (State) Sweet Springs Mo.

DATE REC'D BY LOCAL REG. Apr. 10, 1956	REGISTRAR'S SIGNATURE Savannah Cutchfield	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frerking and Voigt Concordia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7-0

APR 29 1956

RECEIVED
APR 16 1956
RECEIVED
JOHNSON COUNTY HEALTH

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 *J. Earl Priest*.....
Licensed Embalmer No. 3878

Warrensburg
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.