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FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15987

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place): 4 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LESLIE
d. STREET ADDRESS (If rural, give location): R.R. 2

0260

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): A.
c. (Last): VOSS

4. DATE OF DEATH (Month) (Day) (Year): MAY 18 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 2, 1898
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): FRANKLIN COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOUIS VOSS
13b. MOTHER'S MAIDEN NAME: EMMA KOELLING
14. NAME OF HUSBAND OR WIFE: ANNA L. FENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ANNA VOSS — ADDRESS: LESLIE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Larynx — 3 Years.
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: Sept. 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Larynx — 161 X
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1956, *to* May 18, 1956, *that I last saw the deceased alive on* May 18, 1956, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert [illegible] M.D.
23b. ADDRESS: Sullivan, Mo.
23c. DATE SIGNED: May 20-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 21, 1956
24c. NAME OF CEMETERY OR CREMATORY: ST. ANTHONY CEMETERY
24d. LOCATION (City, town, or county) (State): SULLIVAN MO

DATE REC'D BY LOCAL REG.: 5/21/56
REGISTRAR'S SIGNATURE: F.L. Heedmann & L.L. Heedmann Jr.
25. FUNERAL DIRECTOR'S SIGNATURE: H.M. Eaton — ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.