

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21365**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **5879** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BENTON	
c. LENGTH OF STAY (In this place) 80 YR			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - 3 mi S. Chamois		d. STREET ADDRESS (If rural, give location) 3 mile south of Chamois	

3. NAME OF DECEASED (Type or Print) HENRY a. (First) b. (Middle) c. (Last) VOIKART			4. DATE OF DEATH (Month) (Day) (Year) 10 10 56		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 21 Oct. 1875		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days 7 19	
IF UNDER 1 HRS. Hours Min. _____		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) Chamois - Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Gottfried Voikart		13b. MOTHER'S MAIDEN NAME FRANCISKA JUDE-MANN		14. NAME OF HUSBAND OR WIFE DAISY JANE FINDLAY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Dora Voikart ADDRESS Chamois Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic lobes pneumonia.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy				10 yrs.	
		DUE TO (c) Chronic Nephritis.				15 to 20 yrs.	
		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 592x				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)	
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 **June 16, 1954**, to **June 16, 1956**, that I last saw the deceased alive on **June 16, 1956**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.		23b. ADDRESS Chamois, Mo.		23c. DATE SIGNED 6-13-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 13 JUNE		24c. NAME OF CEMETERY OR CREMATORY DEER CEMETERY		24d. LOCATION (City, town, or county) (State) Chamois, Mo.	
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DATE REC'D BY LOCAL REG. 6-13-1956		REGISTRAR'S SIGNATURE Anna Moran		FUNERAL DIRECTOR'S SIGNATURE Hawley & Shyer		ADDRESS Chamois Mo.	
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At Funeral Home

2 PM Friday

to Church 11 PM

9:30 AM

JUN 20 1956

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 *Stanley E Meyer*

Licensed Embalmer No. *4629*

P. O. Address *Churches 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.