

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010887  
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 150 Registrar's No. 9

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Osage</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Loose Creek</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Loose Creek</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at Home</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jake</b> Middle <b>Harbert</b> Last <b>Voss</b>			4. DATE OF DEATH Month <b>Mch.</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 28-1880</b>	9. AGE (In years past birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery-tavern</b>	11. BIRTHPLACE (City and state or country) <b>Loose Creek Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Gerard Voss</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Krautmann</b>		14. NAME OF HUSBAND OR WIFE <b>Sofia Wolken</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-38-0150</b>	17. INFORMANT Address <b>Mrs. Jake H Voss Loose Creek Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma Sigmoid (C.O.)</b> DUE TO (c) <b>1533</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b> <b>8 mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>0</b>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>Feb. 20, 1958</b> to <b>Mar. 12, 1958</b> and last saw <sup>her</sup> him alive on <b>Feb. 11, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L. B. J. Hebler M.D.</b> (Degree or title)			22b. ADDRESS <b>Jefferson City, Mo</b>		22c. DATE SIGNED <b>3-13-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parish Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Loose Creek Mo</b>	
24. FUNERAL DIRECTOR <b>Clyde Morton</b>		ADDRESS <b>Linn Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-17-58</b>		26. REGISTRAR'S SIGNATURE <b>T. A. Unruh</b>

MAR 26 1939

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 *James M. Masten* .....

Licensed Embalmer No. *4125* .....  
P. O. Address *Linn* .....

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.