

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029861
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 273 Primary Registration District No. 4404 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Altenburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Altenburg 0790
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main Street		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Main Street
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle C Last VOEPEL			4. DATE OF DEATH Month Aug Day 15 Year 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 24, 1870	9. AGE (In years birthday) 88	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Palmyra, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Voepel	13b. MOTHER'S MAIDEN NAME Maria Schriebier	14. NAME OF HUSBAND OR WIFE Emelie Schilling
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bernhardt Voepel Address Altenburg, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis		INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombosis Popliteal Artery		2 months
	DUE TO (c) Arteriosclerosis, General		10 years +
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 checked="" 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Altenburg, Mo.	COUNTY Perry STATE Missouri
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21. I attended the deceased from Death occurred at June 8th 1958 to Aug 15-58 and last saw him alive on Aug 13-1958 1245 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Theodore Fischer M.D.	22b. ADDRESS Altenburg, Mo.	22c. DATE SIGNED 8-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 18, 1958	23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Altenburg, Missouri
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24. FUNERAL DIRECTOR Young & Sons Perryville, Mo. (Licensed Embalmer's Statement on Reverse Side)	25. DATE RECD. BY LOCAL REG. 8/19/58	26. REGISTRAR'S SIGNATURE Joe J. Zellner
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Health, & Welfare
Public
Service
790
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
MEDICAL CERTIFICATION

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6

SEP 2 1958

x	Henry	Altenburg	x	Altenburg
x	John Street	John Street		John Street
1931	15	1931		1931
	15	1931	x	1931
USA	USA	USA		USA
Frederick Voebel	Frederick Voebel	Frederick Voebel		Frederick Voebel
Altenburg, Pa.	Altenburg, Pa.	Altenburg, Pa.		Altenburg, Pa.

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 *Wallace Young*
Licensed Embalmer No. *4622*
P. O. Address *Perryville*

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.