

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032274
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hermann RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp		Length of stay in 1b 16 Hrs	d. STREET ADDRESS (If outside, give location) 8 Mi S.E. of Hermann		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VIOLA Middle BERTHA Last VOHS			4. DATE OF DEATH Month Sept. Day 22 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1918	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 2 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Work		10b. KIND OF BUSINESS OR INDUSTRY C&P Company	11. BIRTHPLACE (City and state or country) Ellensburg, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Ulrich		13b. MOTHER'S MAIDEN NAME Tillie Mann		14. NAME OF HUSBAND OR WIFE Curtis Vohs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-12-9734	17. INFORMANT Address Curits Vohs Berger, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSION, ESSENTIAL					10 yrs
DUE TO (c) 331X					
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.)			
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 9-21-58 to 9-22-58 and last saw her alive on 9-22-58 Death occurred at 1:45PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George M. Workman M.D.			22b. ADDRESS HERMANN, MO		22c. DATE SIGNED 9-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cem.	23d. LOCATION (City, town, or county) (State) Berger Mo.		
24. FUNERAL DIRECTOR Karl Blumer Berger Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 9/25/58	26. REGISTRAR'S SIGNATURE F. P. Sullivan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 29 1958

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 *Hugo St. Amant* Licensed Embalmer No. *3160* P. O. Address *Meriden Conn*

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.