

KC 14808613
SL 16276

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034789
STATE FILE NUMBER
9060

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9060

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Osage					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0760 CITY OR TOWN Linn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
35 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Vet Admin Hospital		Length of stay in lb 181 Days		31 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 Aloys Middle J Last Voss			4. DATE OF DEATH Month Sept Day 19 Year 1958					
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8/29/26		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Linn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George G Voss			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. 44532837		17. INFORMANT VAH Records 915 N Grand St Louis, 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) APLASTIC ANEMIA DUE TO (b) CEREBRAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 292.4 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 7 MONTHS 4 HOURS		
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 WORK <input type="checkbox"/> 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. VA attended the deceased from 3/22/58 to 9/19/58 and last saw him alive on 9/19/58 Death occurred at 2:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Vincent A. Codiga (Type or title) VINCENT A. CODIGA			22b. ADDRESS M.D. VAH, St Louis, Missouri		22c. DATE SIGNED 9/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9/19/58	23c. NAME OF CEMETERY OR CREMATORY St George's		23d. LOCATION (City, town, or county) Linn, Mo.		(State)	
24. FUNERAL DIRECTOR Morton Funeral Home Linn, Mo		25. DATE RECD. BY LOCAL REG. SEP 19 58		26. REGISTRAR'S SIGNATURE J. Carl Smith MO JMS				

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

8 100

OCT 6 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 *Vernon Martin*

Licensed Embalmer No. *4125*
P. O. Address *Linn 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.