

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017268

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 131

5. 300
1-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WASHINGTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) R. F. D. #2
3. NAME OF DECEASED (Type or print) First OTTO		Middle —	Last VOSS
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-28-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 70 Months 9 Days 03 Hours — Min. —
11. BIRTHPLACE (City and state or country) WASHINGTON Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BERNARD VOSS		13b. MOTHER'S MAIDEN NAME WILHELMINA KOPP	
14. NAME OF HUSBAND OR WIFE MARIE VOSS		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. 489-424716		17. INFORMANT Address MARIE VOSS WASHINGTON Mo RFD#2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from carcinoma of stomach			INTERVAL BETWEEN ONSET AND DEATH 39 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Interosseptic Heart Disease 151X			19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 1956 to 5/31/59 and last saw him alive on 5/31/59 Death occurred at 3:00 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John St. Yan MD		22b. ADDRESS Washington Mo	22c. DATE SIGNED 6-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-3-59	23c. NAME OF CEMETERY OR CREMATORY ST. GERTRUDES	23d. LOCATION (City, town, or county) (State) ITRAKOW Mo
24. FUNERAL DIRECTOR ADDRESS Henry Otto Washington Mo		25. DATE RC'D. BY LOCAL REG. 6/3/59	26. REGISTRAR'S SIGNATURE J. P. Widmann

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *George R. Shockey*

Licensed Embalmer No. *3006*

P. O. Address *Washington*

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.