URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 1959 53

59-039228

STATE FILE NUMBER

MENDED

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 456

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in Ib: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cape Osteopathic — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Jackson — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): Jackson — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: P. Last: Voges
4. DATE OF DEATH: Month: Nov. Day: 27 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 4-28-1877
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Jackson Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Voges
13b. MOTHER'S MAIDEN NAME: Minnie Sievers
14. NAME OF HUSBAND OR WIFE: Minnie Willa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Ervin Voges Address: Jackson R. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxemia of Gangrene — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Arteriosclerosic obliterans — 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchogenic carcinoma, rt lung, senility, nephrosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-23-59, to 11-27-59 and last saw him alive on 11-26-59
Death occurred at 5:55 a.m 11-27-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. M. Stevenson, M. D. (Degree or title)
22b. ADDRESS: Hirsch Bldg. Cape Girardeau Mo.
22c. DATE SIGNED: 12/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 29, 1959
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights
23d. LOCATION (City, town, or county): Jackson (State): Mo.

24. FUNERAL DIRECTOR: O. C. Crawford ADDRESS: Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: 12-5-1959
26. REGISTRAR'S SIGNATURE: Irene Karten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 12 1960

VS DEC 16 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gene C Crau

Signature of Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.