

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013345

FILED VS APR 19 1966

Primary Registration District No.

Registrar's No.

2 3553

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3519 a Shenandoah			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3519 a Shenandoah			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MAUDE BELLE VOSS				4. DATE OF DEATH Month Day Year 3/27/60			
5. SEX Female	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 4/12/26	9. AGE (last birthday) 83 yrs.	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Steelville, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Butts			13b. MOTHER'S MAIDEN NAME Unknown Anna Alexander			14. NAME OF HUSBAND OR WIFE Joseph 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. None	17. INFORMANT Address Paul J. Hanson 4052 a Blaine Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure - myocardial</i> DUE TO (b) <i>C.V. Renal Disease</i> DUE TO (c) <i>Interossealarterial Heart Disease 420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic Bronchitis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 yr.</i> <i>2 yrs.</i>
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 a.m. p.m. None	Month, Day, Year						
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 <i>3-19-58</i> to <i>3-23-60</i> and last saw her <i>live</i> on <i>3-23-60</i> Death occurred at <i>5:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Elwin B. Catt M.D.</i>				22b. ADDRESS <i>3258 Lafayette 4, Mo</i>		22c. DATE SIGNED <i>3-29-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>3/30/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cem.</i>		23d. LOCATION (City, town, or county) <i>Sullivan, Mo.</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>E.J. Schnur 3125 Lafayette Ave.</i>				25. DATE RECD. BY LOCAL REG. <i>MAR 29 1960</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i> <i>71.9.3.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

x

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas K. Pennington

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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