	ALTH – STAND	ARD CER	CHIPICATE C	OF DEATH		<b>-00-0</b> 3	14755
VS MAY 2 1960	115-11/2 Prin	nary Registration	District No. 3	20 Registrar's No	94	STATE FILE	NUMBER
1. PLACE OF DEATH	<del></del>	- "		2. USUAL RESIDE	NCE (Where decea	sed lived. If institution	n: Residence befor
. COUNTY FI	ranklin					<sup>MTY</sup> Franklir	
	corporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits
TOWN Washington			6 year	J TOWN WE	ashingto	n	Yes <b>X∑X</b> No □
c. FULL NAME OF (If NOT in hospital, give location)			Inside Limits	d. STREET ADDRESS		outside, give location)	Reside on Farm
HOSPITAL OR INSTITUTION 618 Market St.			Yes 🟋 No 🗆	ADDRESS 6	18 Mark	et St.	Yes 🗆 No 🖔
3. NAME OF DECEASE	ED First		Aiddle .	Last	4. DATE	Month Da	y Year
(Type or print)	ANDREW	GEO	ORGE	voss		April 27,	
5. SEX	6. COLOR OR RACE	7. Married	Never Married		'	irthday) IF UNDER 1 Y Months Da	
Male	White	Widowed [	j Divorced □	4/23/188	3\$	77 Months Da	t Hours Mir
	N (Give kind of work done	10b. KIND OF E	SUSINESS OR INDUST	RY 11. BIRTHPLACE	(City and state or o	country) 12. CITIZEN	OF WHAT COUNTRY
Farming most of work	king life, even if retired)	Own	Farm	Neier	Misson	ri U.S.	Α.
13a. FATHER'S NAME	<del></del>	13b. MC	THER'S MAIDEN NA	WE	14. NA	ME OF HUSBAND OR W	VIFE
William V	nee	Ke	therine	Extein	Mati	hilda (nee	Mueller
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SC	CIAL SECURITY NO.		1		8 Market
(Yes no, or unknown) (	If yes, give war or dates of NONE	service) 487	-20-8626	Mathild	a Voss.	Washingt	
	ITH (Enter only one cause per I. DEATH WAS CAUSED BY:	line for (a), (b),	and (c).	-			INTERVAL BETWEE
PART				_	<b>L</b>		ONSET AND DEAT
				0.0.		l	_ ` `
	IMMEDIATE CAUSE (a	box.	macy (	lucus	on		10 min
which above stating	tions, if any, agave rise to cause (a), the under-		io selve	Arelus.	est Dis	ease	_ ` `
which above stating lying	tions, if any, DUE TO (b	c)				PART III, If decease	10 years
which above stating lying	gave rise to cause (a), the under-cause Iss. DUE TO (but to the cause last) DUE TO (cause last) DUE TO (disease condition given in the cause last)	c) ONDITIONS COM		TH but not related t		PART III. If decease there a pre	10 years
Which above stating lying PART	gave rise to cause (a), the under-cause Iss. DUE TO (but to the cause last) DUE TO (cause last) DUE TO (disease condition given in the cause last)	c) ONDITIONS COI	NTRIBUTING TO DEA	TH but not related the same of	o the terminal	PART III. If decease there a pre	10 years
NO PART  19. WAS AUTOPSY PERFORMED? YES NO DA	gave rise to cause (a), go the under-cause last. DUE TO (the cause last.)  II. OTHER SIGNIFICANT Condition given in the cause ca	c) ONDITIONS COI	NTRIBUTING TO DEA	TH but not related the same of	o the terminal	PART III. If decease there a pre	10 years
NO PART  19. WAS AUTOPSY PERFORMED? YES NO DA  20c. TIME OF Ho	gave rise to cause (a), the under-cause (ast.)  II. OTHER SIGNIFICANT C disease condition given in the cause (ast.)  20a. ACCIDENT SUICID UT Month, Day, Year In.	c) ONDITIONS COI	NTRIBUTING TO DEA	TH but not related the same of	o the terminal	PART III. If decease there a pre	10 years
Which above stating lying  PART  19. WAS AUTOPSY PERFORMED? YES NO DA  20c. TIME OF Hon INJURY Hon INJURY Hon INJURY OCCUR WHILE AT WOR	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (cause last.) DUE TO (cau	CONDITIONS CONTINUES CONTI	VIRIBUTING TO DEA	TH but not related the same of	o the terminal  / 9 5 8  D. (Enter nature of	PART III. If decease there a pre	10 years
NO LEAST TO THE COLUMN WHILE AT WORN NOT WHILE AT	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (cause last.)  II. OTHER SIGNIFICANT C disease condition given in the underlast condition given i	ONDITIONS CONTINUE HOMICIDE	20b. DESCRIBE HO	TH but not related the second	o the terminal  / 9 5 8  D. (Enter nature of	PART III. If decease there a pre	10 years  10 years  I was female gnancy in last 90 d  No Unknot II of item 18.)
NO LEAST TO THE COLUMN WHILE AT WORN NOT WHILE AT	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (cause last.)  II. OTHER SIGNIFICANT C disease condition given in the underlast condition given i	ONDITIONS CONTINUED TO THE PART I (a)  LE HOMICIDE  OF INJURY (e.g. factory, street, of	VIRIBUTING TO DEA  VIENTAL  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	TH but not related to hard - DW INJURY OCCURRED 201. CITY, TOWN, O	o the terminal  / 958  D. (Enter nature of  R LOCATION	PART III, If decease there a pre PART III or PART I or P	10 mind  10 years  od was female gnancy in last 90 d  No Unknot II of item 18.)  STATE
Not which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO MA  20c. TIME OF HOINJURY a.m. WHILE AT WORNOT WHILE AT WORNOT WHILE AT	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (but to cause last.)  II. OTHER SIGNIFICANT C disease condition given in the cause last.  20a. ACCIDENT SUICID UT Month, Day, Year In.  IRED	ONDITIONS CONTINUE HOMICIDE	VIRIBUTING TO DEA  VIENTAL  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	TH but not related to hard - DW INJURY OCCURRED 201. CITY, TOWN, O	o the terminal  / 958  D. (Enter nature of  R LOCATION	PART III. If decease there a pre	10 mind  10 years  od was female gnancy in last 90 d  No Unknot III of item 18.)  STATE
Which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO MA  20c. TIME OF House INJURY A.m. p.m.  20d. INJURY OCCUR WHILE AT WORNOT WHILE AT COLUMN WHILE AT WORNOT WHILE AT COLUMN W	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (cause last.)  II. OTHER SIGNIFICANT C disease condition given in the underlast condition given in the unit of the uni	ONDITIONS CONTINUED TO THE PART I (a)  LE HOMICIDE  OF INJURY (e.g. factory, street, of	20b. DESCRIBE HO	TH but not related the later of the later stated above, 22b. ADDRESS	o the terminal  1958  D. (Enter nature of  R LOCATION  and last saw him alivand to the best of	PART III, If decease there a pre PART III or PART I or P	JO Years  JO Years  JO Years  Id was female gnancy in last 90 d  No Unknot  Till of item 18.)  STATE  G, 1960  The causes stated.
Which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO MA  20c. TIME OF House INJURY a.m. p.m.  20d. INJURY OCCUR WHILE AT WORNOT WHILE AT WORNOT WHILE AT Company of the compa	tions, if any, gave rise to cause (a), gave rise to cause (a), go the under-cause last. DUE TO (compared to the cause last.)  II. OTHER SIGNIFICANT C disease condition given in the cause condition given in the cause last.  20a. ACCIDENT SUICID C Compared to the cause last.  20a. ACCIDENT SUICID C Compared to the cause last.  20a. ACCIDENT SUICID C Compared to the cause last.  20a. ACCIDENT SUICID C Compared to the cause last.  20a. ACCIDENT SUICID C C C C C C C C C C C C C C C C C C	ONDITIONS CON IN PART I (a)  LE HOMICIDE  OF INJURY (e.g., factory, street, of	20b. DESCRIBE HO	TH but not related the state of the data stated above,  201. CITY, TOWN, Output 1960 at the data stated above,  22b. ADDRESS  Thank	o the terminal  1958  D. (Enter nature of  R LOCATION  and last saw him alivand to the best of	PART III, If decease there a pre PART III or PART I or P	JO Yeasa  JO Yea
Which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED.  20d. INJURY OCCUR WHILE AT YOUR NOT WHILE AT YOUR NOT WHILE AT YOUR NOT WHILE AT YOUR NOT WAS AUTOPSY PERFORMED.	tions, if any, gave rise to cause (a), the under-cause last. DUE TO (but to (a)) DUE TO (constitution of the cause last. DUE TO (constitution of the cause last.) DUE TO (co	ONDITIONS COPIN PART I (a)  LE LO LE HOMICIDE  OF INJURY (e.g., factory, street, of	20b. DESCRIBE HO	TH but not related the second	o the terminal  / 9 5 8  D. (Enter nature of  R LOCATION  and last saw him alivand to the best of	PART III. If decease there a pre Person Part I or PART I	10 years  11 years  11 years  12 years  12 years  12 years  13 years  14 years  15 years  16 years  17 years  17 years  18 years  18 years  19 years  10 years  10 years  11 years  12 years  13 years  14 years  15 years  16 years  17 years  17 years  17 years  17 years  18 years  19 years  10 yea
Which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO DE 19. WAS AUTOPSY	price of the price	ONDITIONS COPIN PART I (a)  LE HOMICIDE  OF INJURY (e.g., factory, street, of	ZOb. DESCRIBE HO	TH but not related the state of the data stated above,  201. CITY, TOWN, Output 1960 at the data stated above,  22b. ADDRESS  Thank	o the terminal  / 958  D. (Enter nature of  R LOCATION  and last saw him alivand to the best of  23d. LOCATION (Cery St.)	PART III. If decease there a pre there a pre injury in PART I or PAR COUNTY  COUNTY  The analysis of the country in the countr	10 years  11 years  11 years  12 years  12 years  12 years  13 years  14 years  15 years  16 years  17 years  17 years  18 years  18 years  19 years  10 years  10 years  11 years  12 years  13 years  14 years  15 years  16 years  17 years  17 years  17 years  17 years  18 years  19 years  10 yea
Which above stating lying  PART  19. WAS AUTOPSY PERFORMED? YES NO DA  20c. TIME OF HolinJURY A.m. P.M.  20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT  21. I attended the companion of the coursed  22a. SIGNATURE  23a. BURIAL CREMATION REMOVAL (Specify)  BURIAL CREMATION REMOVAL (Specify)	gave rise to cause (a), the under-cause (ast). DUE TO (be read to cause (ast). DUE TO (cause last.) DUE TO (cause	ONDITIONS CONTINUES (e.g. Factory, street, of INJURY (e.g. factory	20b. DESCRIBE HO  20b. DESCRIBE HO  in or about home, fice bidg., etc.)  of CEMETERY OR CR  25. DA	TH but not related the state of	o the terminal  / 958  D. (Enter nature of  R LOCATION  and last saw him alivand to the best of  23d. LOCATION (Cery St.)	PART III. If decease there a pre President Part I or PAR	10 years  11 years  11 years  12 years  12 years  12 years  14 years  15 years  16 years  17 years  18 years  18 years  19 years  10 years  10 years  10 years  11 years  12 yea

## 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.	Signed . Stewny W. Otto
Student	Signed State W-UVU
Signature of Student Embalmer	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

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.