

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019944

FILED VS MAY 25 1960

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginsville</b>		Length of stay in 1b		c. CITY OR TOWN <b>Higginsville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1700 Lipper</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1700 LIPPER ST</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>VOSS</b> Last				4. DATE OF DEATH Month <b>MAY</b> Day <b>14</b> Year <b>1960</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV 26 1895</b>		9. AGE (last birthday) <b>74</b>		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) <b>FARMER</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>CONCORDIA MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>HERMAN VOSS</b>				13b. MOTHER'S MAIDEN NAME <b>WILHELMINA ARNDT</b>				14. NAME OF HUSBAND OR WIFE <b>ANNETTE VOSS DECEASED</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>490-40-3013</b>		17. INFORMANT <b>LAURA MEINERSHAGEN Higginsville MO</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Right Lower Lobe</b> DUE TO (b) <b>Bronchus &amp; metastasis to pleura</b> DUE TO (c) <b>and Liver</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>One Year</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 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 <b>December 1-1959</b> <b>May 14, 1960</b> last saw <sup>her</sup> him alive <b>May 13-1960</b> Death occurred at <b>5:05 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>J. P. Kappenstein, MD</b> (Degree or title)						22b. ADDRESS <b>Higginsville, Mo</b>		22c. DATE SIGNED <b>May 20-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 16-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>EVANGELICAL CEMETERY</b>		23d. LOCATION (City, town, or county) <b>Higginsville Missouri</b>		23e. STATE					
24. FUNERAL DIRECTOR <b>WIEGERS-RIEKHOE Higginsville MO</b>				25. DATE RECD. BY LOCAL REG. <b>May 23. 60</b>		26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Roy F. Wiegers

Licensed Embalmer No. 2883

P. O. Address Hagerman

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.