

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021648

FILED VS MAY 25 1960

318

1003

5036

STATE FILE NUMBER

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

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|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 46 yr. | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 722a Hamilton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 722a Hamilton | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Maude Alma Voltz | | | 4. DATE OF DEATH Month Day Year May 12 1960 | | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 14, 1892 | 9. AGE (last birthday) 62 | 10. IF UNDER 1 YEAR Months 9 Days 28 | | 10. IF UNDER 24 HR Hours Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Calhoun County, Illinois | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME William F. Owens | 13b. MOTHER'S MAIDEN NAME Julia Ann Underwood | 14. NAME OF HUSBAND OR WIFE John L. |
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| 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. unknown | 17. INFORMANT John L. Voltz | Address 722a Hamilton St. Louis, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 4 Hours |
| IMMEDIATE CAUSE (a) Pulmonary Edema | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) metastatic Carcinoma - to liver - entire abdominal | 3 months |
| | DUE TO (c) - wall - intestinal blockage | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sarcoma of Uterus - Treated 9 years ago | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) 174X |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year |
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| 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 |
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| 21. I attended the deceased from 4-13-60 to 5-12-60 and last saw her alive on 5-12-60 |
| Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |

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| 22a. SIGNATURE Joseph P. Paccappo MD | (Degree or title) | 22b. ADDRESS 3400 N. KINGSTHIGHTWAY #4 BLVD | 22c. DATE SIGNED 5/12/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal to | 23b. DATE Madison, Ill. 5/12/60 | 23c. NAME OF CEMETERY OR CREMATORY Hardin City Cemetery | 23d. LOCATION (City, town, or county) Hardin, Illinois |
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| 24. FUNERAL DIRECTOR Frank J. Schay | ADDRESS Madison Ill. | 25. DATE RECD. BY LOCAL REG. MAY 13 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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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 Francis J. Sa

Licensed Embalmer No. 279

P. O. Address Madison

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.