RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUL 12 1960

-60-024017

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 83

DED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville — Length of stay in 1b 16 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 832 Edgemont — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Perry
c. CITY OR TOWN Perryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 832 Ed gemont — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Otto Middle A Last Voigt

4. DATE OF DEATH Month July Day 1 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-8-1882

9. AGE (last birthday) 77 — 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) Manufacturing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis Voigt

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Tillie Knoll

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. 333-05-2865

17. INFORMANT Tillie Voigt Address Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5-10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 15-20 yrs

DUE TO (c)

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. ☐ 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 2-4-48, to 2-19-60 and last saw ~~her~~ him alive on 2-19-60

Death occurred at 6:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M D

22b. ADDRESS Perryville, Mo.

22c. DATE SIGNED 7-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-3-1960

23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

23d. LOCATION (City, town, or county) Moline (State) Illinois

24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG. 7-2-60

26. REGISTRAR'S SIGNATURE Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

JUL 14 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edward C Yaeny

Licensed Embalmer No. 2138

P. O. Address Perry Ach

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