

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

-60-041567

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 248

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>SULLIVAN</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 2 - SPRING GREEN</u>	
Length of stay in lb <u>5 WKS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>RUDOLPH</u>		Middle <u>CARL</u>		Last <u>VOSS</u>		Month <u>Nov</u> Day <u>18</u> Year <u>1960</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 8, 1903</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>LESLIE, R.R. 2 Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIE VOSS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA KELLY</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA BERTELS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>RUDOLPH L. VOSS</u> Address <u>BOURBON, MO.</u>			
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	
IMMEDIATE CAUSE (a) <u>BRONCHIAL PNEUMONIA</u>						<u>3 days</u>	
DUE TO (b) <u>CARDIAC DECOMPENSATION</u>						<u>MONTHS</u>	
DUE TO (c) <u>EMPHYSEMA</u>						<u>YEARS</u>	
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 checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m.		Month, Day, Year <u> </u>					
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 <u>1953</u> to <u>Nov 1960</u> and last saw him alive on <u>Nov 17-1960</u> .		Death occurred at <u>6:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert M. Eaton</u> (Degree or title) <u>MO</u>				22b. ADDRESS <u>Sullivan, Mo.</u>		22c. DATE SIGNED <u>Nov. 18-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV. 21, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	
24. FUNERAL DIRECTOR <u>H. M. EATON</u>		ADDRESS <u>SULLIVAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11/18/60</u>		26. REGISTRAR'S SIGNATURE <u>Robert M. Eaton</u>	

(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 Thurston D. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan

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.