

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005754

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 25

AMENDED

FILED VS FEB 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Length of stay in 1b 1 year		c. CITY OR TOWN Festus	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Donnell Farm near Hematite			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Rte. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Ralph Last Voorhees <i>William Ralph Voorhees</i>				4. DATE OF DEATH Month Feb. Day 18 Year 1961			
5. SEX Male		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 22 May 1887	
9. AGE (last birthday) 73		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer		11. BIRTHPLACE (City and state or country) Trenton, N. J.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ida Alice Voorhees	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Ida A. Voorhees, Rte. # 2, Festus, Mo.		
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) <i>Multiple fractures & internal injuries done</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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. <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 checked="" 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.) <i>stomped & crushed by</i>			
20c. TIME OF INJURY Hour 6:30 a.m. Month, Day, Year 2-18-61		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm		20f. CITY, TOWN, OR LOCATION Festus Missouri	
21. I attended the deceased from <i>CORONER'S VIEW</i> and last saw her him alive on Death occurred at <i>6:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James C. Ralph M.D. Coroner</i>				22b. ADDRESS <i>Festus, Mo.</i>		22c. DATE SIGNED <i>2/18/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 20 Feb. 1961	23c. NAME OF CEMETERY OR CREMATORY New Diggings Cemetery		23d. LOCATION (City, town, or county) (State) New Diggings, Mo.		
24. FUNERAL DIRECTOR Vinyard Funeral Homes, Inc., Festus, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 2-18-61		26. REGISTRAR'S SIGNATURE <i>Paul G. Rigdon</i>

MAR 14 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith B. Vinograd

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

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.