

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010006

STATE FILE NUMBER

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

22

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		c. CITY OR TOWN Ste. Genevieve	
Length of stay in 1b 5 Weeks		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C. Mem. Hosp.		d. STREET ADDRESS (If outside, give location) 622 LaPorte	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Jesse Middle Charles Last Voelker		4. DATE OF DEATH Month March Day 3 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 10-4-84
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	
11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Voelker		13b. MOTHER'S MAIDEN NAME Minnie Gibbler	
14. NAME OF HUSBAND OR WIFE Stella Monia Voelker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-07-8730	
17. INFORMANT Lloyd Voelker		Address St. Louis, 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) Arterio sclerotic Heart Disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 2-3yr. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Carcinoma of prostate ② Osteoarthritis			
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 11-8-60 to 3-3-1961 and last saw him alive on 3-3-1961 Death occurred at 12:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. F. Fairchild, M.D.		22b. ADDRESS Perryville, Mo.	
22c. DATE SIGNED 3-4-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-61	
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) (State) Perryville Missouri	
24. FUNERAL DIRECTOR Young & Sons		25. DATE RECD. BY LOCAL REG. 3-5-1961	
ADDRESS Perryville Mo		26. REGISTRAR'S SIGNATURE Joe J. Zoellner	

(Licensed Embalmer's Statement on Reverse Side)

MAR 21 1961

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 *Emmanuel*

Licensed Embalmer No. 2138

P. O. Address *Roswell*

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.