

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013247

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 117  
**FILED MAY 8 1961**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in 1b <b>9 days</b>		c. CITY OR TOWN <b>Stanton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Home Van Deren Nursing</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ISABELLE</b> Middle <b>COOK</b> Last <b>VOSS</b>				4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/26/1875</b>	9. AGE (last birthday) <b>85</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and state or country) <b>Richwoods, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James H. Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Lahey</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Voss</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Marie Suiter, Richwoods, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>NECROSIS OF LIVER</b> DUE TO (b) <b>METASTATIC CARCINOMA OF STOMACH MONTAS</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MYOCARDIAL DECOMPENSATION &amp; ARTERIOSCLEROSIS</b>					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 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 _____ a.m. _____ p.m.		Month, Day, Year _____					
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>1955</u> to <u>1961</u> and last saw her alive on <u>April 30 61</u> Death occurred at <u>11 5A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Robert B. Crawford M.D.</i>				22b. ADDRESS <i>Sullivan Mo.</i>		22c. DATE SIGNED <i>May 1 '61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/2/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Stephens</b>		23d. LOCATION (City, town, or county) <b>Richwoods, Mo.</b>	
24. FUNERAL DIRECTOR <b>St. Clair, Missouri.</b> <b>Casey-Lenox Funeral Home,</b>				25. DATE RECD. BY LOCAL REG. <b>5/4/61</b>		26. REGISTRAR'S SIGNATURE <i>Leah P. L. L. L.</i>	

**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 William L. Trause Student Embalmer No. 623  
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 5090

P. O. Address St. Clair,

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.