

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018160

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 41

AMENDED FILED JUN 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Freistatt, 1 mile East		c. CITY OR TOWN Freistatt	
Length of stay in 1b 65 Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile East Freisatt		d. STREET ADDRESS (If outside, give location) 1 mile East Freistatt, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Edwin Leonard Voskamp		4. DATE OF DEATH Month Day Year June 7, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/9/1896
9. AGE (last birthday) 65		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) Retired Printer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Voskamp		13b. MOTHER'S MAIDEN NAME Emma Huelsmann	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Mrs Arthur Fellwock, Verona, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Puncture Wound of Brain DUE TO (b) Auto accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 min
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 if item 1.) Puncture Wound of Poshon Part of Skull	
20c. TIME OF INJURY Hour Month, Day, Year 7:10 p.m. June 7 1961		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road	
20e. CITY, TOWN, OR LOCATION 1 mile East Freistatt		COUNTY STATE Lawrence Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold E George DO		22b. ADDRESS Mo Vernon Mo	
22c. DATE SIGNED 6/8/61			
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 6/10/61	23c. NAME OF CEMETERY OR CREMATORY Freistatt Cem.	
23d. LOCATION (City, town, or county) (State) Lawrence County, Mo.			
24. FUNERAL DIRECTOR J. D. Buchanan		ADDRESS Monett, Mo.	
25. DATE RECD. BY LOCAL REG. 6-9-61		26. REGISTRAR'S SIGNATURE H. D. Dosssett.	

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 J. A. Bushman

Licensed Embalmer No. 3179

P. O. Address Monett, 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.