

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037504
STATE FILE NUMBER

AMENDED Registration District No. 166 Primary Registration District No. 5604 Registrar's No. 25

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montserrat Twn.</u>		c. CITY OR TOWN <u>Whiteman Air Force Base, Whiteman, Mo.</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 4 mi. E. of HiWay 13 INSTITUTION <u>on US #50 at Bear Creek Bridge</u>		d. STREET ADDRESS (If outside, give location) <u>318 E. Altus Circle</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Edward</u> Last <u>Vohs</u>		4. DATE OF DEATH Month <u>October</u> Day <u>31</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/27/44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (City and state or country) <u>Eugene, Oregon</u>
13a. FATHER'S NAME <u>William Edward Vohs</u>		13b. MOTHER'S MAIDEN NAME <u>Eileen May Murphey</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>		17. INFORMANT Address <u>WAFB, Mo.</u> <u>M/Sgt. William E. Vohs,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u> DUE TO (b) <u>An Automobile Accident.</u> DUE TO (c) <u>none</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			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.) <u>Auto Accident.</u>	
20c. TIME OF INJURY Hour <u>11:10</u> Month, Day, Year <u>10 31 61</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	20f. CITY, TOWN, OR LOCATION <u>Warrensburg, Mo</u>
21. I attended the deceased from <u>11:10 Pm 10-31-61</u> to <u>11:10 Pm 10-31-61</u> and last saw her/him alive on <u>11:10 Pm 10-31-61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deaf or title) <u>J. M. O. Lortay Sheriff/Coroner</u>		22b. ADDRESS <u>Warrensburg, Mo</u>	22c. DATE SIGNED <u>11-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov. 2, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Lawn Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Eugene, Oregon</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sweeney-Phillips, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 1-61</u>	26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, Md

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.