

MISSOURI - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002412

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 41

STATE FILE NUMBER

AMENDED

FILED JAN 22 1962

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hillsbora Mo.</u> | | c. CITY OR TOWN <u>Hillsbora, Mo.</u> | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home. Cedar Grove Nursing</u> | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Fred H.</u> Middle <u>Voorhees.</u> Last | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1962</u> |
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| 5. SEX <u>Male.</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-25-88</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
|---------------------|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired painter.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>House Painter.</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Albert Voorhees.</u> | 13b. MOTHER'S MAIDEN NAME <u>Barbara Becker.</u> | 14. NAME OF HUSBAND OR WIFE <u>Ida Voorhees.</u> |
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| 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. | 17. INFORMANT <u>Ida Voorhees, 5500 Alaska Ave.</u> |
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| 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>Broncho Pneumonia</u> | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Generalized Atherosclerosis</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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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| 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 |
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| 21. I attended the deceased from <u>Dec. 19, 1959</u> to <u>Jan. 9, 1962</u> and last saw her alive on <u>Jan. 6, 1962</u> Death occurred at <u>12:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Clara J. Sanders, M.D.</u> (Degree or title) | 22b. ADDRESS <u>1502 Cass Ave</u> | 22c. DATE SIGNED <u>1-10-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>1-12-62.</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, County.</u> |
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| 24. FUNERAL DIRECTOR <u>Southern Funeral Home.</u> ADDRESS <u>6322 S. Grand Blvd.</u> | 25. DATE RECD. BY LOCAL REG. <u>1/11/62</u> | 26. REGISTRAR'S SIGNATURE <u>Clara J. Sanders, M.D.</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

jp

DR SADDERS
2-5 PM.

RECEIVED

JAN 23 1962

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 Donald C. Dill

Licensed Embalmer No. 4347

P. O. Address 6322 So. ...

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.