, w	ISSOU	RI DI	VIS	Sion of Health – standard certificate of death $-62-018$	3593
DO NOT WRITE	•		R	egistration District NoPrimary Registration District No. 30 20 Registrar's No. 5145 119 STATE FILE	NUMBER
ON THIS STUB	AMENE	DED		PLACE OF DEATH UN 1 1 1962	on: Residence before
VS 300	ا اوا	1		• STATE Mis souri b. COUNTY Franklin	
Rev. 4/59	AMENDED		_	b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  OR  OR  OR	Inside Limits
	\WE	.	_	town Washington   79 yrs.   town Washington	Yes No 🕰
10300 20310	DATE /		_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  None  R. #2  (If cutside, give location)  ADDRESS  R. #2	Reside on Farm Yes 🗷 No □
3		<del>                                      </del>	7	3. NAME OF DECEASED First Middle Last 4. DATE Month Do (Type or print) OF	•
				Frank Gerhard Voss DEATH June 1	, 1962
				5. SEX  6. COLOR OR RACE  7. Married 1 Never Married 1 8. DATE OF BIRTH  8. AGE (last birthday) IF UNDER 1 Y  Male  White  Widowed Divorced 3/1/1883  79	
5 /			<u> </u>		OF WHAT COUNTRY
6	<u> </u>			distinguished as a security of the paper of sectional)	S. A.
7 0			13	Sa. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF THE STREET NAME	
8 0	2		_	John Voss Rita Wellenkamp Christina Vos	5
	원		(1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (es_no, or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Christina Voss  Washingt	on Mo.
94201	קלון   ה		-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
10	3	AEN			ONSET AND DEATH
11	EAD OF	DOCUMENT		IMMEDIATE CAUSE (a)	
	NSTEAD	2		Conditions, if any, DUE TO (b) Arlon - Solarolis C-Values	<b>=e</b>
1290-0	S S		l	which gave rise to above cause (a), stating the under-	ı
135-0		<del>                                     </del>	i _	lying cause last. J · DUE TO (c)	
l I	5		ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. If decess there a pro-	ed was female war egnancy in last 90 days
	2		Š	☐ Yes	□ No □ Unknowr
USE BLACK INK OR TYPEWRITER RIBBON	2		. CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAI PERFORMED?	₹T II of item 18.)
	¥		WEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
			*	20d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while at work  farm, factory, street, office bldg., etc.)	STATE
A S S S	READ			21. I attended the deceased from 30 Dac 1960, to 1 June 62 and last saw him alive on 1 June	162
.: BI	<u>a</u>			Death occurred at 9:30 P m in the date stated above, and to the best of my knowledge, from the	he causes stated.
USE	SHOULD	IT OF		22a. SIGNATURE Degree or title) 22b. ADDRESS Washington by	22c. DATE SIGNED
	Ö.	FFIDAV	2	39. BURIAL, CREMATION, 23b. DATE SEMOVAL (Specify) Burlal St. Francis Cemetery Washington,	(State) Missouri
	ITEM N	AFI	2	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD., BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	1
	<b> </b>	A	R	eburg + Citte Inc. Washington, Mo. 6/4/62 Lufa C. I Jug	maner
,				(Licensed Embalmer's Statement on Reverse Side)	•

## STATEMENT BY LICENSED EMBALMER

# 7

Company of the second of the s

or by	·	, Student Embalmer No
working under m	y personal supervision.	Signed Vernon Vedder
Î	Signature of Student Embalmer	Licensed Embalmer No. 5031  P. O. Address Washington, Ma
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		P. O. Address Washington, Mo
with the above co	e above MUST BE SIGNED BY THE constitutes grounds for revocation of t ned by a STUDENT, he also shall sign by is not embalmed, fact should be s	