

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030399
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 80

FILED AUG 20 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin b. COUNTY St. Corix	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">Excelsior Springs</p>		c. CITY OR TOWN <p style="text-align: center;">Baldwin</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">Excelsior Springs Hospital</p>		Length of stay in 1b <p style="text-align: center;">6 days</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;">EDWARD G. VOSKUIL</p>		4. DATE OF DEATH Month Day Year <p style="text-align: center;">July 20, 1962</p>	
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">6-3-1896</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Salesman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Feeds</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Wisconsin</p>
13a. FATHER'S NAME <p style="text-align: center;">William Voskuil</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Gertrude Veldboom</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">Yes WW I</p>		17. INFORMANT Address <p style="text-align: center;">Mrs. Alice Voskuil, Baldwin, Wis.</p>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center;">Acute myocardial infarction</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">12 hrs</p>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Coronary arteriosclerosis</p>		DUE TO (c)	
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 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 <p style="text-align: center;">Baldwin</p>		COUNTY STATE
21. I attended the deceased from <u>July 17, 1962</u> , to <u>July 20, 1962</u> and last saw ^{per him} live on <u>July 20, 1962</u> . Death occurred at <u>3:40</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <p style="text-align: center;"><i>James R. Allan, M.D.</i></p>		22b. ADDRESS <p style="text-align: center;">Excelsior Springs, Mo</p>	
22c. DATE SIGNED <p style="text-align: center;">7-20-62</p>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>	23b. DATE <p style="text-align: center;">7-20-1962</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Baldwin</p>	23d. LOCATION (City, town, or county) <p style="text-align: center;">Rural Baldwin, Wisconsin</p>
24. PLACE OF DEATH ADDRESS <p style="text-align: center;">Excelsior Springs, Missouri</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">8-10-62</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Caroline Hatching</i></p>

USE BLACK INK OR TYPEWRITER RIBBON

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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

Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address

Edelior Springs, 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.