

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046475

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 249

FILED DEC 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Washington

Length of stay in lb  
5 yrs.c. FULL NAME OF (If NOT in hospital give location)  
HOSPITAL OR INSTITUTION

P 2

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Franklin

c. CITY  
OR TOWN

Washington

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS  
If outside, give location)

P 2

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Christine

Middle

Last Voss

## 4. DATE OF DEATH

Month

Day

Year

Dec. 10, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12/25/1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days Hours Min.

11 15

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Maker

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Franklin, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Joseph Wildt

## 13b. MOTHER'S MARDEN NAME

Leopoldina Naegle

## 14. NAME OF HUSBAND OR WIFE

Frank G. Voss

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Gregory F. Voss, Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized carcinomatous

## INTERVAL BETWEEN ONSET AND DEATH

6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma, pancreas

## DUE TO (c)

unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 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 ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1 June 1962 to 10 Dec 62 and last saw her alive on 10 Dec 62  
Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R. B. Boggs, M.D.

## 22b. ADDRESS

Washington Mo

## 22c. DATE SIGNED

11 Dec 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

Address

Hebing &amp; Lutz, Inc., Washington, Mo

## 25. DATE RECD. BY LOCAL REG.

12/11/62

## 26. REGISTRAR'S SIGNATURE

Lewla P. H. H. H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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

*Lester A. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, 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.