

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015569

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

99

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>Florida</u> b. COUNTY <u>Volusia</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Ormond Beach</u>	
Length of stay in 1b. <u>1 mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>156 Magnolia Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert R.</u> Middle <u>Voss</u> Last <u>Voss</u>		4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1963</u>	
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>5/3/1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio Announcer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Radio</u>	
11. BIRTHPLACE (City and state or country) <u>Washington Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Emil W. Voss</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Voss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>Yes 12/8/1950 to 12/17/1954</u>		16. SOCIAL SECURITY NO. <u>490-32-6991</u>	
17. INFORMANT <u>Mrs. Marion Voss, 156 Magnolia Dr., Ormond Beach, Fla.</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>Lymphoblastic Lymphocarcinoma</u> DUE TO (b) _____ 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		COUNTY STATE	
21. I attended the deceased from <u>2/22/63</u> to <u>4/18/63</u> and last saw her live on <u>4/18/63</u> Death occurred at <u>11:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James H. Shea, MD</u>		22b. ADDRESS <u>Heavala Mo</u>	
22c. DATE SIGNED <u>4/18/63</u>		22d. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery, Washington, Missouri</u>	
22e. LOCATION (City, town, or county) <u>Washington, Missouri</u>		22f. DATE RECD. BY LOCAL REG. <u>4/20/63</u>	
22g. REGISTRAR'S SIGNATURE <u>Leola C. Hedman</u>		22h. FUNDAL DIRECTOR <u>Shaberg & Wilt, Inc., Washington, Mo.</u>	
22i. DATE <u>Apr. 20, 1963</u>		22j. ADDRESS <u>St. N. Hill</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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(Licensed Embalmer's Statement on Reverse Side)

APR 25 1963

APR 24 1963

MAY 13 1963

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 H. Witt

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.