

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED MAY 19 1952

State File No.

BIRTH NO. REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierson City Mo</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Main St 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>CHRISTINE</u> c. (Last) <u>VOIKL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 - 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2 March 30 - 1877</u>	9. AGE (in years) (Months) (Days) <u>75 11 30</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Norway</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>not known</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>John Voikl</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Voikl</u> ADDRESS <u>Pierson City Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular P.H. in colloid</u>		DUE TO (b) <u>acc.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Keefe gates of Hazard place</u>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1952 to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Dodley M.D.</u> (Degree or title)	23b. ADDRESS <u>Moath Mo.</u>	23c. DATE SIGNED <u>May 15 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 13 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys-</u>
		24d. LOCATION (City, town, or county) (State) <u>Pierson City Mo.</u>

DATE REC'D BY LOCAL REG. <u>5-16-52</u>	REGISTRAR'S SIGNATURE <u>John P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bro</u> ADDRESS <u>Pierson City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 27 1952

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

Edwin P. Wilks
working under my personal supervision

Student Embalmer No.

Signed *Edwin P. Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. *4181*

P. O. Address *Gene City 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 this body is not embalmed, fact should be so stated above.