

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009434

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BEAUFORT, MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP. Length of stay in 1b		d. STREET ADDRESS R.R. #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle M. Last VOSS			4. DATE OF DEATH Month MARCH Day 22 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 1, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and state or country) BEAUFORT, MO. O	
13. FATHER'S NAME WILLIAM BOLZENIUS			14. MOTHER'S MAIDEN NAME BERTHA WILDHABER		
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 Address J. W. VOSS ST. LOUIS, 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) <i>Gastrointestinal hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Possible Duodenal Ulcer</i>			
DUE TO (c) <i>5410</i>			<i>7 days</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Advanced arteriosclerosis + myocardial degeneration</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <i>2</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			

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 UNION, MISSOURI	COUNTY FRANKLIN	STATE MO.
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21. I attended the deceased from *Sept 55* to *22 Mar 58* and last saw her alive on *22 Mar 58*
Death occurred at *7:00* p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Wm Richardson, M.D. U</i>	22b. ADDRESS <i>Union, Missouri</i>	22c. DATE SIGNED <i>24 Mar 58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-25-58	23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETERY	23d. LOCATION (City, town, or county) (State) NEIER, MO.
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24. FUNERAL DIRECTOR ADDRESS E. F. OLTMANN UNION, MO.	25. DATE RECD. BY LOCAL REG. 3/25/58	26. REGISTRAR'S SIGNATURE <i>F. L. Heidmann & P. Heidmann</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death. Coroner cannot certify to a death due to natural causes.

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JAN 4 1958

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 Ottmann*

Licensed Embalmer No. *48*

P. O. Address *Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.