

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009435
State File No.

FILED MAR 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>115-116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Washington</u> c. LENGTH OF STAY (in this place) <u>29 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Washington</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>111 East Sixth Street</u> <u>0362</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Unnerstall</u> c. (Last) <u>Voss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1958</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 9, 1890</u>	
9. AGE (In years, last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 1 HR. Hours <u>1</u> Min. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Krakow, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Unnerstall</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Wamhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Edward</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>488-01-7370</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Marie Washington</u> ADDRESS <u>Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lymphatic leukemia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 y 0</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Artery - sclerotic C-V-Disease</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) <u>2040</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2.</u>			
22. I hereby certify that I attended the deceased from <u>14 April, 1958</u> , to <u>10 Mar, 1958</u> , that I last saw the deceased alive on <u>10 Mar, 1958</u> , and that death occurred at <u>8:55 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Washington Mo.</u>		23c. DATE SIGNED <u>11 Mar 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/12/58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry W. Otto</u> ADDRESS <u>Washington</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

858 T ADN

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 *Henry W. Otto*
Licensed Embalmer No. *356*
P. O. Address *Washington*

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.