

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8540**

FILED MAR 26 1956

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>89</b>		
1. PLACE OF DEATH a. COUNTY <b>COWE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>MONTEAU</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>JAMES TOWN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARY'S Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>06801</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WELA</b> b. (Middle) <b>Matilda</b> c. (Last) <b>VOIGT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 22 56</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>April 17 - 1894</b>		
9. AGE (In years last birthday) <b>61</b>		# UNDER 1 YEAR <b>15</b>		# UNDER 1 YEAR <b>5</b>		# UNDER 1 MIN. <b>1</b>		
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>James town Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George Wilhelm Voigt</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Eagle</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b> (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Ferhenbach</b>		ADDRESS <b>James City Mo.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute gastric dilatation</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral hemorrhage</b> (PERFORATED) DUE TO (c) <b>Peritonitis acute</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>12 hr</b> <b>18 hr</b> <b>18 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5401</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Mar 21</b> , 19 <b>56</b> , to <b>March 22</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>March 21</b> , 19 <b>56</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. D. Ogden M.D.</b>		23b. ADDRESS <b>Jefferson City Mo.</b>		23c. DATE SIGNED <b>3-22-56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>3-24-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>James town Mo.</b>		
DATE REC'D BY LOCAL REG. <b>22 March 1956</b>		REGISTRAR'S SIGNATURE <b>R. P. Harris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugh E Williams California Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Hugh C. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.