

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11203**

BIRTH NO. _____ REG. DIST. NO. **335** PRIMARY REG. DIST. NO. **4492** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oran	c. LENGTH OF STAY (in this place) 68 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oran	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oran		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) M	c. (Last) Vogel	4. DATE OF DEATH (Month) (Day) (Year) March 25 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 6	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oran, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Francis Metz	13b. MOTHER'S MAIDEN NAME Theresia Klupfel	14. NAME OF HUSBAND OR WIFE Joe a. Vogel
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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.	17. INFORMANT'S SIGNATURE OR NAME Joe A. Vogel	ADDRESS Oran, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Diath	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Oran Scott Mo
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 _____, 19**48**, to **3/25**, 19**49**, that I last saw the deceased alive on **3/22**, 19**49**, and that death occurred at **10:55a.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Clements (Degree or title)	23b. ADDRESS Oran Mo	23c. DATE SIGNED 3/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 28 1949	24c. NAME OF CEMETERY OR CREMATORY New Guardian Angels	24d. LOCATION (City, town, or county) (State) Oran Scott County Mo
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DATE RECD BY LOCAL REG. 3/31/49	REGISTRAR'S SIGNATURE J. B. McCready	25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	ADDRESS Oran, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 449-862

Date Filed 4-6-47

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
Student Embalmer

Signed Earl J. Smith
Licensed Embalmer No. 3676

P. O. Address Oran, 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.