

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36563**

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 375
1. PLACE OF DEATH a. COUNTY Cape Gir County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Gir		c. CITY (If outside corporate limits, write RURAL and give township) Cape Gir		
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital		d. STREET ADDRESS (If rural, give location) 1032 Broadway		
3. NAME OF DECEASED a. (First) August b. (Middle) Frederick c. (Last) Vogelsong		4. DATE OF DEATH (Month) (Day) (Year) Nov-6-1949		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28-1897	9. AGE (In years last birthday) 72 1/4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY General Building	11. BIRTHPLACE (State or foreign country) Cape Gir Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Vogelsong		13b. MOTHER'S MAIDEN NAME Hessette	14. NAME OF HUSBAND OR WIFE Lena Vogelsong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Lena Vogelsong ADDRESS Cape Gir	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 42d
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 1/10 , 19 49 to 1/16 , 19 49 , that I last saw the deceased alive on Nov 6, 1949 , and that death occurred at 4:45 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Cape Gir Mo		23c. DATE SIGNED 11/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 8-1949	24c. NAME OF CEMETERY OR CREMATORY Lammer	24d. LOCATION (City, town, or county) (State) Cape Gir Mo
DATE REC'D BY LOCAL REG. 11-7-1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cape Gir

(Licensed Embalmer's Statement on Reverse Side)

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

16
14

RECEIVED 11-14-49

Officer No. 4
1149-1489

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 *Boyt B. Willis*

Licensed Embalmer No. *4603*

P. O. Address *Cape Girardeau, 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.