

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9724

State File No.

FILED MAR 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Morgan		b. CITY (If outside corporate limits, write RURAL and give township) Versailles		a. STATE Missouri		b. COUNTY Morgan	
c. CITY (If outside corporate limits, write RURAL and give township) Versailles		c. LENGTH OF STAY (In this place) 2 Months		c. CITY (If outside corporate limits, write RURAL and give township) Versailles		d. STREET ADDRESS (If rural, give location) 202 S. Maple	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 S. Maple				d. STREET ADDRESS (If rural, give location) 202 S. Maple			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Hazel			b. (Middle) Mae			c. (Last) Vogt	
(Type or Print)			4. DATE OF DEATH			(Month) (Day) (Year) March 16, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 30, 1908	
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 4		IF UNDER 2 HRS. Days 16		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician			10b. KIND OF BUSINESS OR INDUSTRY 495-10-4631			11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Edward J. Vogt			13b. MOTHER'S MAIDEN NAME Emma Mae Kreiling			14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-10-4631		17. INFORMANT'S SIGNATURE OR NAME Raymond Vogt		ADDRESS Versailles, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bone & Breast - 3 years			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				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.			
19a. DATE OF OPERATION 1947		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast				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)		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 <u>Jan 5, 1950</u> , to <u>3-16, 1950</u> , that I last saw the deceased alive on <u>3-16, 1950</u> , and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Ruth Kaufman, M.D.				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 3-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 19-50		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) (State) Versailles, Mo.	
DATE REC'D BY LOCAL REG. Mar 18-1950		REGISTRAR'S SIGNATURE J. L. Washburn M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. F. L. Smith		ADDRESS Versailles, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No: 71

District File Number 2-51-237

Date Filed 3-21-50

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 Raymond C. Forber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.