

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14051

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Green Ridge</u>	c. LENGTH OF STAY (in this place) <u>40y.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Green Ridge</u> <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Anna</u> c. (Last) <u>Voglebaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-13-1950</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>April 7-1876</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brownington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>C.A. Wirth</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Dieb</u>	14. NAME OF HUSBAND OR WIFE <u>Emanuel Voglebaugh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gecil Voglebaugh Green Ridge</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thyrotosis</u> DUE TO (c) <u>Arterial hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis 2520</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) (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 Mar 6, 1950, to Apr 13, 1950, that I last saw the deceased alive on Apr 13, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. A. Hite M.D.</u>	23b. ADDRESS <u>Green Ridge Mo</u>	23c. DATE SIGNED <u>4-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brownington</u>
24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>		

DATE REC'D BY LOCAL REG. <u>4-15-1950</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. L. Ream Green Ridge Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 17

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-21-50

JUL 12 1950

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge

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.