

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30901

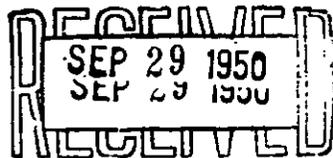
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>4254</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Knob Noster</u>		c. LENGTH OF STAY (to this date) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knob Noster</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Della</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Vogler</u>	
				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>May 21, 1870</u>	
				9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming Retired</u>		11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jack Vogler (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Archie May Vogler, Knob Noster, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
		DUE TO (c) <input checked="" type="checkbox"/>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>				<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo</u>			
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 <u>Sept 21, 1950</u> , to <u>Sept 21, 1950</u> , that I last saw the deceased alive on <u>Sept 21, 1950</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. W. Leavz</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>15 Knob Noster, Mo</u>		23c. DATE SIGNED <u>Sept 23, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>September 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Erma L. Best</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>		ADDRESS <u>Knob Noster, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JOHNSON COUNTY HEALTH DEPT.

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed W. Raymond Baker

Signed.....

Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.