

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3585

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 451

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>VERBON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>BIG RIVER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORT SCOTT</u> <u>4150</u> | |
| c. LENGTH OF STAY (in this place) <u>6 days</u> | | d. STREET ADDRESS (If rural, give location) <u>650 Jackson</u> <u>16</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MC COYT HOME</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u> b. (Middle) <u>L. VOBEL</u> c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>16</u> <u>51</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>2-27-56</u> |
| 9. AGE (In years last birthday) <u>94</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POLICE</u> | 11. BIRTHPLACE (State or foreign country) <u>GERMANY</u> <u>4</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>GERHARD VOGEL</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATHARINA GUECKING</u> | 14. NAME OF HUSBAND OR WIFE <u>MADALENA MERSCH</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 <u>ANTHONY H. VOBEL</u> ADDRESS <u>Fort Scott</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> 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. | |
| 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 <u>1-10</u> , 19 <u>51</u> , to <u>1-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Ernest J. Perry, M.D.</u> | | 23b. ADDRESS <u>Nevada, Mo.</u> | 23c. DATE SIGNED <u>1-17-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-19-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u> |
| DATE REC'D BY LOCAL REG. <u>Jan. 17, 1951</u> | REGISTRAR'S SIGNATURE <u>Anna E. Perry</u> <u>451</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL'S MEMORIAL HOME</u> <u>Fort Scott, Kansas</u> | |

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

DIVISION OF HEALTH OF MO.

Form No. 5 - Springfield

JAN 22 1951

Dist. File 151-183

Date Filed: 1-22-51

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.....
Student Embalmer

Signed W. E. Kozant

By R. Buckner # 2080
Licensed Embalmer No.

P. O. Address St. Scott Kaman

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.