

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19741**

No. 300
10-48

FILED **III 10 1951**

264

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 170
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 2006 W. Main St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		4. DATE OF DEATH July 2, 1951		
3. NAME OF DECEASED (Type or Print) Edwin Arthur Vogt		a. (First)	b. (Middle)	c. (Last)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 20 1890
9. AGE (In years of under 1 year last birthday) 61 5 12		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired tailor		10b. KIND OF BUSINESS OR INDUSTRY Own		13a. FATHER'S NAME John Joseph Vogt
13b. MOTHER'S MAIDEN NAME Adelaide Osberghaus		14. NAME OF HUSBAND OR WIFE Clara Gay Vogt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-36-5581		17. INFORMANT'S SIGNATURE OR NAME Clara Gay Vogt
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) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Several yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension		
		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 443x		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 Oct. , 19 49 , to July 2 , 19 51 , that I last saw the deceased alive on July 2 , 19 51 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Earl J. Loyd M.D.		23b. ADDRESS 425 Madison Jefferson City, Mo.		23c. DATE SIGNED 7-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. July 5-1951		REGISTRAR'S SIGNATURE R. P. Darrin		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buscher
		68		ADDRESS Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *Jefferson City 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.