

THE DIVISION OF HEALTH OF THE STATE OF NEBRASKA
STANDARD CERTIFICATE OF DEATH

19992

FILED JUL 13 1951

31 State File No. _____

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5513 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Nebraska b. COUNTY RICHARDSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Lake State Park Few Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Falls City - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Rural Route 8260	

3. NAME OF DECEASED (Type or Print)	a. (First) AUGUST	b. (Middle) CHARLES	c. (Last) Vogele	4. DATE OF DEATH (Month) (Day) (Year)	JUNE 17-1951
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 1, 1932	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Falls City, Nebr.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME EDWARD C. Vogele	13b. MOTHER'S MAIDEN NAME Nellie Cochran	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Vogele R.F.D. #1	ADDRESS FALLS CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 35 MINUTES
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING (BIG LAKE, MO.)		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from X X 19X, to X X 19X, that I last saw the deceased alive on X 19X, and that death occurred at 5 P. m., from the causes and on the date stated above.

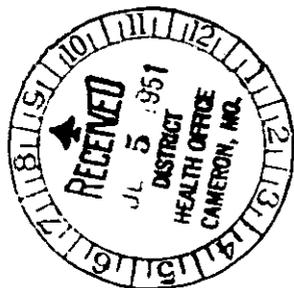
23a. SIGNATURE Howard E. Cochran, D.O. Coroner	23b. ADDRESS Rulo, Mo.	23c. DATE SIGNED 6-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-51	24c. NAME OF CEMETERY OR CREMATORY Rulo Cemetery	24d. LOCATION (City, town, or county) (State) Rulo, Nebr.
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DATE REC'D BY LOCAL REG. 6-20-51	REGISTRAR'S SIGNATURE [Signature] 122	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cheney & Hodgson, Falls City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *[Handwritten Signature]*

Licensed Embalmer No. *1824*

P. O. Address *Grand Bluff 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.