No. 300
10.48

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26124

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5091 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Bates 0070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville Mo Rural
c. LENGTH OF STAY (in this place): 1 yr 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: N. Da-Kota
b. COUNTY: Burk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowbells 8330
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Edward
c. (Last): Vogt

4. DATE OF DEATH (Month) (Day) (Year): Aug 9 - 51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Apr. 22 - 1885
9. AGE (In years last birthday): 66 — If under 1 year: Months 3, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent for Rail Road
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prairie City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Vogt
13b. MOTHER'S MAIDEN NAME: Mary Schlokrecht
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 701-14-1555
17. INFORMANT'S SIGNATURE OR NAME: J. R. Vogt — **ADDRESS**: Rockville, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of Colon — 3 yrs.

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: none
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/4, 1951 *to* 8/9, 1951, *that I last saw the deceased alive on* 8/8, 1951, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. O. Bjerke (Degree or title): D.O.
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: 8/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13 - 51
24c. NAME OF CEMETERY OR CREMATORY: Prairie City Lutheran
24d. LOCATION (City, town, or county) (State): Prairie City, Mo.

DATE REC'D BY LOCAL REG.: Aug-13-51
REGISTRAR'S SIGNATURE: Kendall Kurtz
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Oscar Eckhoff Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-51

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.

Signed Oscar Eckhoff

Signed _____
Student Embalmer

Licensed Embalmer No. 3742

P. O. Address Appleton City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.