

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3951

State File No.

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		d. STREET ADDRESS (If rural, give location) <u>500 S. 6TH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 S. 6TH ST.</u>		d. STREET ADDRESS (If rural, give location) <u>500 S. 6TH ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>WILHELMINA</u>			a. (First)			b. (Middle)			c. (Last) <u>VOGT.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-20-1952</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-16-1871</u>			9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours 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>OWN HOME</u>				11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>FREDRICK NEIDER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM VOGT.</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 <u>William Vogt - Rich Hill, Mo.</u>			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <u>Myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						2 yrs	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardium</u>							
		DUE TO (c) <u>Coronary Arteriosclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>44 3/4</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 19, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Douglas</u> (Degree or title) <u>MRP</u>			23b. ADDRESS <u>Rich Hill Mo</u>			23c. DATE SIGNED <u>Feb 21 1952</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERIAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 26. 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Ser. Rich Hill, Mo.</u>				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John G Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.