

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

8884

FILED MAR 11 1953 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 95

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place) <b>10 Weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		0647
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Mark Twain Rest Home 1220 Lyndal Ave</b>			d. STREET ADDRESS (If rural, give location) <b>South River Township</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>H.</b>	c. (Last) <b>Vogt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 4 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 22, 1869</b>	9. AGE (In years last birthday) <b>84</b>	# UNDER 1 YEAR Months
# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Palmyra, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John L Vogt</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Englehardt Wilhelmenia Schluemaker</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Vogt, Palmyra, Mo.</b>		
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) <b>Carcinoma ptosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Prostate</b> DUE TO (c) <b>Morbid Secondary Uræmia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>177X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>2 yrs</b> <b>1 yr.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 <b>Nov. 18, 1952</b> , to <b>March 4, 1953</b> , that I last saw the deceased alive on <b>March 4, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Jm Canham</b>			23b. ADDRESS <b>707 Palmyra</b>		23c. DATE SIGNED <b>3/6/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/6/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Ely Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>West Ely, Mo.</b>		
DATE RECD BY LOCAL REG. <b>3/9/53</b>	REGISTRAR'S SIGNATURE <b>H. Ogden</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Palmyra, Mo.</b>		

(Licensed Embellisher's Statement on Reverse Side)

MAR 10 1958

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED MAR 10 1958

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

*Robert L. Linton*

Licensed Embalmer No. 2382

P. O. Address Palmyra - 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.