

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10367

FILED MAR 31 1953

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5894		Registrar's No. 22	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JEFFERSON		b. CITY (If outside corporate limits, write RURAL and give township) RURAL ROCK TOWNSHIP		a. STATE MO		b. COUNTY JEFFERSON	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP 0500		d. STREET ADDRESS NEAR IMPERIAL		d. (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR IMPERIAL				d. STREET ADDRESS NEAR IMPERIAL			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) LENA		b. (Middle) VOGEL		c. (Last)		6. COLOR OR RACE	
(Type or Print)		MARCH 13 1953		FEMALE		WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 8 1869		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (State or foreign country) ROCK TOWNSHIP MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALCOS BURHARD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE "DEC"			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS VERONICA NAES IMPERIAL MO		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Myocarditis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. Arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) IMPERIAL JEFFERSON MO		21d. (COUNTY) (STATE)	
21d. TIME OF INJURY		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 1949 to 3/13/53, that I last saw the deceased alive on 3/13/53, and that death occurred at 7:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Keith MBS (Degree or title)				23b. ADDRESS IMPERIAL MO		23c. DATE SIGNED 3/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 16 1953		24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CEMETERY		24d. LOCATION (City, town, or county) ARNOLD MO	
DATE REC'D BY LOCAL REG. 3/16/1953		REGISTRAR'S SIGNATURE Ruth Jansa 438-5		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME		ADDRESS IMPERIAL MO	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED
MAR 24 1953

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial, 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.