

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2279

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY OR TOWN <u>RURAL SEDALIA</u>		c. CITY OR TOWN <u>RURAL-BLACKWATER #21</u>	
c. LENGTH OF STAY (in this place) <u>30 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>6 MILES NORTH OF LA MONTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>CARL</u> c. (Last) <u>VOGELSMEIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JULY 4, 1876</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES, MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOHN F. VOGELSMEIER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE WEBER</u>		14. NAME OF HUSBAND OR WIFE <u>OTTELIA ARNDT</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>Mrs. W. C. Vogelsmeier - La Monte, Mo</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Rt. Eye Tumor</u>					
		ANTECEDENT CAUSES					
		Morbidity 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. <u>Chr. Valvular Disease?</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>192X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Monte Pettis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1, 1954 to Jan 30, 1954 that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 10:10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. W. Travers</u> (Degree or title)		23b. ADDRESS <u>1120 W. Foster Mo</u>		23c. DATE SIGNED <u>Jan 31-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEBRUARY 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO</u>	
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DATE REC'D BY LOCAL REG. <u>2/2/1954</u>		REGISTRAR'S SIGNATURE <u>W. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. T. Larker</u>		ADDRESS <u>Sweet Springs, Mo</u>	
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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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs, Va.

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.