

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3936**
 BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **300** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bates					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER Mo		c. LENGTH OF STAY (If this place) 2 hr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockville Mo. 6076		d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION None.									
3. NAME OF DECEASED (Type or Print) a. (First) JEONAH			b. (Middle) RYDUR		c. (Last) VOGT		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 - 54		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Apr. 13 - 1983		9. AGE (Years last birthday) (Months) (Days) (Hours) (Mins.) 70 9 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tama Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fred Vogt			13b. MOTHER'S MAIDEN NAME Anna Schildknecht			14. NAME OF HUSBAND OR WIFE Lydin Vogt Jr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydin Vogt, Rockville, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic C.V. disease Coronary Sclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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 Feb , 19 53 , to Feb 9 , 19 54 , that I last saw the deceased alive on 5 Jan , 19 54 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R.A. Schekman, M.D.				23b. ADDRESS Appleton City, Mo.				23c. DATE SIGNED Feb 12 '54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-13-54		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. Feb. 13 - 54		REGISTRAR'S SIGNATURE Rendell Perry		170		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Classon Eckhoff, Appleton City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0021

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, W.

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.