

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 27 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5564

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City,</b>		c. CITY OR TOWN <b>Kansas City,</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (in this place) <b>35 yrs</b>		STREET ADDRESS (If rural, give location) <b>1415 Agnes</b>		STREET ADDRESS (If rural, give location) <b>1415 Agnes</b>		3248 0		
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <b>Sarah</b>		b. (Middle) <b>Maria</b>		c. (Last) <b>Voglesong</b>		<b>Dec. 2 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Feb/2 1873</b>		
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Reg. Nurse</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Miami County Kas.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John R. Voglesong</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Greason</b>			14. NAME OF HUSBAND OR WIFE <b>—</b>		
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>Elfreda C. Coe 316 So. Lawndale K.C. Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Decomposition</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				<b>four years</b>		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4 1/2</b>		
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <b>7-1-54</b> , to <b>12-2-54</b> , that I last saw the deceased alive on <b>11-27</b> , 1954, and that death occurred at <b>11:00 Am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b>				Degree of title) <b>8 G. M. OSGOOD, M. D.</b>		23c. DATE SIGNED <b>12-2-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec-4-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Paola, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>12-3-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C.L. Forster Funeral Home K.C. Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

12. 1. 1911  
9. 1. 1911  
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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.....  
Signature of Student Embalmer

Signed *Dean Owens*

Licensed Embalmer No. *428*  
P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.