

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1520

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If not a corporate entity, write RURAL and give township) <u>Rural Meramec</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	
c. CITY OR TOWN <u>Rural 0500</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Cedar Hill Mo 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Cedar Hill Mo 1</u>		e. STREET ADDRESS (If rural, give location) <u>Meramec Township Cedar Hill - Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RHODA</u>	b. (Middle) <u>F.</u>	c. (Last) <u>VOGT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 28-1876</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	11. UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>House Springs Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eli Offet</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Abraham</u>	14. NAME OF HUSBAND OR WIFE <u>John Vogt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Schubel</u>	ADDRESS <u>Hillman, Mo. R 2</u>
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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) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio Sclerosis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4221</u>
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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?
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22. I hereby certify that I attended the deceased from Nov 1954 to Jan 3, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. B. Edwards - M.D.</u>	23b. ADDRESS <u>Cedar Hill</u>	23c. DATE SIGNED <u>1/4/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Expt. Cem.</u>	24d. LOCATION (City and county) (State) <u>Cedar Hill Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15 1955</u>	REGISTRAR'S SIGNATURE <u>Ruth J. J...</u>	434	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orin...</u>	ADDRESS <u>Home Springs</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 19 1955

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.....
Licensed Embalmer No. 405

P. O. Address.....

Noté: 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.