

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14743**
Registrar's No. **580**

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 811 N. 23rd Street		e. STREET ADDRESS (If rural, give location) 811 N. 23rd Street	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Clara	b. (Middle) A.	c. (Last) Vogel	June 7, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH September 14, 1879		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Cosby, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Vogel	13b. MOTHER'S MAIDEN NAME Louise Groenke	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss. Erna L. Vogel		ADDRESS St. Joseph, Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency		
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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 April 16, 1955, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Kustav A. Lau	(Degree or title) MD	23b. ADDRESS 217 Kirkpatrick Bldg St. Joseph Missouri	23c. DATE SIGNED June 8, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. June 10, 1955	REGISTRAR'S SIGNATURE Esther M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer - Fleeman	ADDRESS St. Joseph, Mo.
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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.....^{***} ^{***}.....
Signature of Student Embalmer

Signed.....*Albert B. Huntington*.....

Licensed Embalmer No. 3258.....

P. O. Address.....St. Joseph.....

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.