

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36347

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Cole Calark Twp.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR # 2 Jefferson City c. LENGTH OF STAY (In this place) 20 yrs
c. CITY OR TOWN RR # 2 Jefferson City d. Is Residence within limits of city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 11 miles south Jefferson City MO
e. STREET ADDRESS (If rural, give location) 11 miles south Jefferson City MO

3. NAME OF DECEASED
a. (First) AUGUST b. (Middle) CARL c. (Last) HIRSCHVOGEL
4. DATE OF DEATH (Month) (Day) (Year) November 29 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH January 1 1886 9. AGE (In years last birthday) Months Days 69 9 29 If under 1 year: Hours Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Hirschvogel 13b. MOTHER'S MAIDEN NAME Barbara Strobel 14. NAME OF HUSBAND OR WIFE Christinia Schubert

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 Mr. Raymond Hirschvogel ADDRESS RR # 2 City Jefferson

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, asthma, 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) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 1, 1955, to Nov 29, 1955, that I last saw the deceased alive on Nov 29, 1955, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucas A. Taylor M.D. 23b. ADDRESS Jefferson City 23c. DATE SIGNED 11-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/1/55 24c. NAME OF CEMETERY OR CREMATORY Brazito Evangelical 24d. LOCATION (City, town, or county) (State) Brazito, Missouri

DATE REC'D BY LOCAL REG. 30 Nov. 1955 REGISTRAR'S SIGNATURE R. P. Harris M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home ADDRESS 700 W. Main St. Jefferson City, Mo.

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.....
Donald P. Freeman
Licensed Embalmer No.....468

P. O. Address Jefferson. C
Missouri

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.