

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5711**

BIRTH NO. _____		REG. DIST. NO. <b>236</b>		PRIMARY REG. DIST. NO. <b>4352</b>		Registrar's No. <b>16</b>	
1. PLACE OF DEATH a. COUNTY <b>MORGAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>		c. LENGTH OF STAY (In this place) <b>3 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>		d. STREET ADDRESS (If rural, give location) <b>305 South Maple</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>305 S. Maple</b>				d. STREET ADDRESS (If rural, give location) <b>305 South Maple</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Darrell</b>		b. (Middle) <b>OTTO</b>		c. (Last) <b>Vogt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 20 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>August 10 1952</b>	
9. AGE (In years of last birthday) <b>3</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funerary</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funerary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Milford Warren Vogt</b>		13b. MOTHER'S MAIDEN NAME <b>Velma Anna Lucille Sausley</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Milford Vogt Versailles, MO.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Lymphocytic Leukemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>2040</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
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>Nov. 10 1952</b> , to <b>2-20 1956</b> , that I last saw the deceased alive on <b>2-20 1956</b> , and that death occurred at <b>6:45 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Rugby E. M. D.</b>				23b. ADDRESS <b>Versailles, Mo.</b>		23c. DATE SIGNED <b>2-21-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>February 22 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Versailles, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-23-56</b>		REGISTRAR'S SIGNATURE <b>J. L. Washburn</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James R. Scripps</b>		ADDRESS <b>Versailles, Mo.</b>	

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 .....  
Student Embalmer

Signed

*James R. Scrimin*

Licensed Embalmer No. 4880

P. O. Address Urbana, 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 this body is not embalmed, fact should be so stated above.