

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31640**

FILED SEP 17 1956

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 349	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 4 years		c. CITY OR TOWN Sedalia		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: 1101 1/2 E. 5th				e. STREET ADDRESS (If rural, give location) 110 1/2 East 5th 08th			
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) # # # # # c. (Last) Vogler, Sr.			4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 26, 1868		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 18 Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Vogler			13b. MOTHER'S MAIDEN NAME Margaret Hoekes		14. NAME OF HUSBAND OR WIFE Anna Vogler (deceased)		
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 Francis Vogler ADDRESS 110 1/2 E 5th Sedalia, Mo				
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) Uremia. Only a few hours.					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular Disease- Uremia Over 4 years. DUE TO (c) Arterio Sclerosis. Advanced. Over 4 years.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Over 4 years.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical care only.					20. AUTOPSY? 4 2 2 No <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 over 12 yrs to Sept. 14th 56 , that I last saw the deceased alive on Sept. 14th 56 , and that death occurred at 1:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title) M.D.				23b. ADDRESS Sedalia, Missouri-		23c. DATE SIGNED Sept. 14th	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln Benton Co. Mo.		
DATE REC'D BY LOCAL REG. 9-14-56		REGISTRAR'S SIGNATURE Quinn Coontz, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Fred Davis & Son		ADDRESS Lincoln	

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

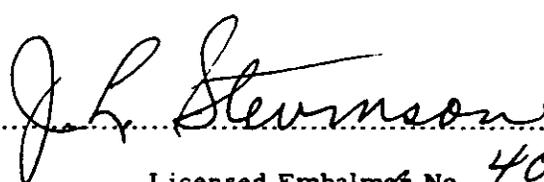
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 407

P. O. Address Stover

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.