

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017718  
State File No. ....

FILED MAY 26 1958

BIRTH NO.		REG. DIST. NO. <u>100</u>	PRIMARY REG. DIST. NO. <u>3018</u>	Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Salem</b>		c. LENGTH OF STAY (in this place) <b>8yrs</b>	c. CITY OR TOWN <b>Salem</b>	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 <b>So. McArthur</b>		e. STREET ADDRESS (If rural, give location) <b>So. McArthur</b>		
3. NAME OF DECEASED (Type or Print) <b>Willis D Vogel</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 19 1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 13 1896</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dent Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>William Thomas Spruce</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Butler</b>	14. NAME OF HUSBAND OR WIFE <b>E W Vogel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E E Vogel Salem 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, aethenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</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) <b>recurrent arteriosclerotic cerebral occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>0</b> 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) <b>331X</b>		
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>6/23/47</b> , 19___, to <b>5/10</b> , 1958, that I last saw the deceased alive on <b>5/10</b> , 1958, and that death occurred at <b>11:30 mP</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>Marion Mart MD</b>		(Degree or title) <b>D</b>	23b. ADDRESS <b>Salem, Missouri</b>	23c. DATE SIGNED <b>5/22/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 22 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salem Mo</b>	
DATE REC'D BY LOCAL REG. <b>5/22/58</b>	REGISTRAR'S SIGNATURE <b>M. M. Hart, M.D. by [Signature]</b>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Salem Mo</b>		

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

JAN 10 1962

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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. 37  
P. O. Address.....

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.