

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013831

STATE FILE NUMBER

8
DIED MAY 11 1959

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 68

300
1-57

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Festus |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 N. 2nd St. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 116 N. 2nd St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Phillip James Vogt | | | 4. DATE OF DEATH Month Day Year Apr. 30 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 1, 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker (Ret) | | 10b. KIND OF BUSINESS OR INDUSTRY Glass making | 9. AGE (In years last birthday) 74 |
| 11. BIRTHPLACE (City and state or country) River Aux Vases, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Vogt | | 13b. MOTHER'S MAIDEN NAME Margaret Bauer | 14. NAME OF HUSBAND OR WIFE Mary Vogt |
| 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. | 17. INFORMANT Address Rudolph Vogt, Festus, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Hypostatic Pneumonia</i> <i>Esophageal Constriction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>1 year</i> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <i>April 5-1959</i> to <i>April 30-1959</i> and last saw him alive on <i>April 30/1959</i> Death occurred at <i>10:24 am Apr 30/1959</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>J. J. Hammerlock M.D.</i> | | 22b. ADDRESS <i>Crystal City Mo</i> | 22c. DATE SIGNED <i>May 11 1959</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE May 2, 1959 | 23c. NAME OF CEMETERY OR CREMATORY SS. Phillip & James Cemetery | 23d. LOCATION (City, town, or county) (State) River Aux Vases, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Homes, Inc., Festus, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-1-59 | 26. REGISTRAR'S SIGNATURE <i>John W. Rogers</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Keith D. Vinyard

Licensed Embalmer No. 4976
P. O. Address Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.