

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028669

FILED VS AUG 18 1959

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 5429 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven R. R. # 2		Length of stay in lb 3 Days		c. CITY OR TOWN Crestwood # 26		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 Pahlmann Lane 9141		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Raymond Charles Vogt				4. DATE OF DEATH Month Day Year Aug. 11 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-18-1944	9. AGE (last birthday) 14	IF UNDER 1 YEAR Months Days Hours Min. 10 23	IF UNDER 24 HR Hours Min. 10 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Student		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William F. Vogt			13b. MOTHER'S MAIDEN NAME Mildred E. G'Sell		14. NAME OF HUSBAND OR WIFE Never Married		
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 Address 9141 Pahlmann Mr. William F. Vogt Crestwood Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crush injury of head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) motor DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Subject was operating tractor which overturned on him				
20c. TIME OF INJURY 4:30 p.m.	Hour Month, Day, Year 8-11-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wm Vogt farm 8 mi North Gerald Franklin mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Franklin mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John Charles Tanley (Degree or title)				22b. ADDRESS St. Louis Mo		22c. DATE SIGNED Aug 12 1959 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-15-1959	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) St. Louis Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Zeigenhein & Sons St. Louis Mo.			25. DATE RECD. BY LOCAL REG. Aug 12-1959	26. REGISTRAR'S SIGNATURE John Charles Tanley			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl P. Dettig

Licensed Embalmer No. 3385

P. O. Address New Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.