URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010194
STATE FILE NUMBER

FILED VS MAR 22 1960

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 121

ENDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 6 74R
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 502 Louis — Inside limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 502 Louis St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Arthur Middle C Last Vogelsang
4. DATE OF DEATH: Month March Day 15 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-18-1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months 11 Days 27 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Manufactur
10b. KIND OF BUSINESS OR INDUSTRY: His Own
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Charles Vogelsang
13b. MOTHER'S MAIDEN NAME: Emma Roth
14. NAME OF HUSBAND OR WIFE: Elsdena Vogelsang
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 498-36-7909
17. INFORMANT: Mrs Arthur C Vogelsang Address: Cape Gir

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Coronary Thrombosis — 1 hour
DUE TO (c): Arteriosclerotic Heart Disease — 2 years +
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/1957 to 3/15/60 and last saw him alive on 3/15/60
Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Israel M. Holworth, M.D.
22b. ADDRESS: 24 N. Spring, Cape Girardeau, Mo
22c. DATE SIGNED: 3/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-18-60
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.
24. FUNERAL DIRECTOR: Brinkopf Howell, Cape Gir Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 3-19-1960
26. REGISTRAR'S SIGNATURE: Irma Karsten

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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