URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

60-015688

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2481 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 1719 HARVARD — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First CHARLES Middle ALBERT Last VOGT
4. DATE OF DEATH: Month MAY Day 3, Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-26-1883
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Burlington Railroad
11. BIRTHPLACE (City and state or country): Fotuna, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: LANDER VOGT
13b. MOTHER'S MAIDEN NAME: EMMA MERRITT
14. NAME OF HUSBAND OR WIFE: FLORA VOGT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 486-26-5709
17. INFORMANT: FLORA VOGT, 1719 HARVARD, INDEP., MO. — Address

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) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma - Colon & — 9-12 Mo.
DUE TO (c) obstruction
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): generalized Arterio Sclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES XX 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 March 25, 1960, to May 3, 1960 and last saw him alive on May 3, 1960 9 am.
Death occurred at 7:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF William R. Brown

22a. SIGNATURE William R. Brown, M.D. (Degree or title)
22b. ADDRESS 751 E. 63rd K.C., 10, Mo.
22c. DATE SIGNED 5/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-6-60
23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR — ADDRESS: Geo.C.Carson & Sons, Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 5-4-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

KC

MAY 18 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 n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dean W. Huff

Signature of Student Embalmer

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

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