

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

-60-031534

INDEXED

Registration District No. 273 Primary Registration District No. XXXX Registrar's No. 106

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Altenburg		Length of stay in 1b 46 Yrs.		c. CITY OR TOWN Altenburg		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main St.		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Main St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Magdalena Middle F Last Vogel				4. DATE OF DEATH Month 8 Day 23 Year 60			
5. SEX F		6. COLOR OR RACE W		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 7-5-81	
9. AGE (last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Spilker		13b. MOTHER'S MAIDEN NAME Caroline Henjes		14. NAME OF HUSBAND OR WIFE Rev. Adolph A. Vogel	
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 Rev. Adolph A. Vogel, Altenburg, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) 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 8/23/60 - Called to certify death and last saw her Dead in arrival Death occurred at 7:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE O. G. White		(Degree or title)		22b. ADDRESS Altenburg, Mo.		22c. DATE SIGNED 8/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-60		23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem.		23d. LOCATION (City, town, or county) Altenburg, Mo.	
24. FUNERAL DIRECTOR Young & Sons		ADDRESS Perryville Mo		25. DATE RECD. BY LOCAL REG. 8-25-60		26. REGISTRAR'S SIGNATURE Joel Zoellner	

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.