

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001152

FILED VS JAN 3 1 1961

STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 421 Registrar's No. 1

WHITE AMENDED
 19
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 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 6
 DOCUMENT
 MEDICAL CERTIFICATION
 1
 SHOULD READ
 ITEM NO.
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mound City</u>		Length of stay in 1b <u>15 days</u>		c. CITY OR TOWN <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Duncan Nursing Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JESSIE</u> Middle <u>M.</u> Last <u>VOGLER</u>			4. DATE OF DEATH Month <u>January</u> Day <u>23</u> Year <u>1961</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/2/1877</u>		
				9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>		11. BIRTHPLACE (City and state or country) <u>Atchison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse K. Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Pressnall</u>			14. NAME OF HUSBAND OR WIFE <u>Albert Vogler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Albert Vogler Fairfax, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial INFARCTION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u>							<u>MINUTES</u>	
DUE TO (c) <u>ARTERIO SCLEROTIC HEART DISEASE</u>							<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GENERALIZED ARTERIOSCLEROSIS AND CEREBRAL</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>JAN. 15, 1961</u> to <u>JAN. 23, 1961</u> and last saw her alive on <u>JAN. 23, 1961</u> Death occurred at <u>6 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>James Humphrey M.D.</u>				22b. ADDRESS <u>Mound City, Mo.</u>			22c. DATE SIGNED <u>Jan 24, '61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/24/1961</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Pleasant Ridge</u>		23d. LOCATION (City, town, or county) <u>Fairfax Mo.</u>			
24. FUNERAL DIRECTOR <u>Schooler Funeral Home Fairfax, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-25-1961</u>	26. REGISTRAR'S SIGNATURE <u>James Humphrey</u>	

MS JUN 20 1961

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

Marvin N. Schooner

Licensed Embalmer No.

416 ✓

P. O. Address

Fairfax Va.

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.