SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-021262

STATE FILE NUMBER 2739

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUN 21 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF Frank B. Leitz

MEDICAL CERTIFICATION

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: 24 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1844 EAST 47TH TERRACE — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1844 EAST 47TH TERR. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PETER Middle C. Last FOGT
4. DATE OF DEATH: Month 5 Day 31 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/29/99
9. AGE (last birthday): 62
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): LIVESTOCK BUYER
10b. KIND OF BUSINESS OR INDUSTRY: SWIFT & COMPANY
11. BIRTHPLACE (City and state or country): MARQUETTE, NEBR.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: NISS P. FOGT
13b. MOTHER'S MAIDEN NAME: ELIZABETH FISHER
14. NAME OF HUSBAND OR WIFE: MRS. EMMA VOGT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. EMMA VOGT Address: 1844 EAST 47TH K.C.MO. TERR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Thoracic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hyp. Arteriosclerotic C-V. disease — 8 yrs.
DUE TO (c) with Cardiac Stenosis & Mitral Regurgitation
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 July 19 1953, to May 31 1961 and last saw ~~him~~ him alive on May 16 1961
Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B. Leitz (Degree or title) MD
22b. ADDRESS 1539 Troy Blvd Kansas City Mo
22c. DATE SIGNED 5-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 3, '61
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W.NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 6-2-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Vern Fowler

Licensed Embalmer No. 4915

P. O. Address 156 70

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.