SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-021861
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 5705 Registrar's No. 121

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ludlow Monroe Twp.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile Northeast
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Livingston
c. CITY OR TOWN Ludlow
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle B. Last Vogt
4. DATE OF DEATH Month June Day 30 Year 1961
5. SEX Male
6. COLOR OR RACE Caucasian White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-6-1895
9. AGE (last birthday) 66
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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Carroll County
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fred Vogt
13b. MOTHER'S MAIDEN NAME Jane Kelley
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Fred Vogt Address Ludlow Mo

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) asphixia — INTERVAL BETWEEN ONSET AND DEATH immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Drowning — immed.
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.) Drowning, after fall into Creek
20c. TIME OF INJURY Hour 9:00 p.m. Month, Day, Year 6-29-61
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.) 1 mile N.E. Ludlow
20f. CITY, TOWN, OR LOCATION Ludlow COUNTY Livingston STATE Mo.

21. I attended the deceased from Fever, to and last saw her/him alive on
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Webber (Degree or title) Do. Coroner
22b. ADDRESS 901 Jackson Chillicothe, Mo.
22c. DATE SIGNED 7-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-1-61
23c. NAME OF CEMETERY OR CREMATORY Oakhill
23d. LOCATION (City, town, or county) Carrollton, Mo (State)

24. FUNERAL DIRECTOR Dickerson-Rice ADDRESS Bogard, Mo
25. DATE RECD. BY LOCAL REG. July 1, 1961
26. REGISTRAR'S SIGNATURE Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

JUL 11 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 Samuel M. Nieto

Licensed Embalmer No. 5087

P. O. Address Bogard, Mo

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.