

318 Primary Registration District No. 1003 Registrar's No. 5711

STATE FILE NUMBER

AMENDED

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 days	c. CITY OR TOWN Sedalia,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1004 East 3rd. Str.
3. NAME OF DECEASED (Type or print) First Lonnie Middle Lee Last Vogler			4. DATE OF DEATH Month June Day 17, Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 56
13a. FATHER'S NAME Jack Vogler		13b. MOTHER'S MAIDEN NAME Deliah Livengood	12. CITIZEN OF WHAT COUNTRY U.S.
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. Unknown	17. INFORMANT Virginia Vogler, Sedalia, 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) Parkinson's Disease			INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 350x			
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. <input type="checkbox"/> Yes <input 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 June 8, 1961 to June 17, 1961 and last saw him alive on June 17, 1961 Death occurred at 6:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. C. Newman, M.D. (Degree or title)		22b. ADDRESS 1755 So. Grand Ave.	22c. DATE SIGNED 6/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-20-61	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Sedalia, Mo.
24. FUNERAL DIRECTOR Ewing Funeral Home - Sedalia, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 19 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

1961 JUL 11 700

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

Stanley H. DeFore

Licensed Embalmer No. 4193

P. O. Address St Louis

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.