

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005917

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 34

FILED FEB 26 1962

|  |  |   |  |   |   |   |  |   |  |  |
|--|--|---|--|---|---|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>                          |   |   |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>GLADSTONE, Mo.</u>   |  | Length of stay, in 1b. <u>10 MONTHS</u>   |  | c. CITY OR TOWN <u>GLADSTONE</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1609 E. 67<sup>TH</sup> TERR.</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>1609 E. 67<sup>TH</sup> TERR.</u> |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>EVERLYN LUCILLE VOGAN</u>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>2-21-1962</u>  |   |   |  |   |  |  |
| 5. SEX<br><u>FEMALE</u>  |  | 6. COLOR OR RACE<br><u>WHITE</u>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>11-21-1929</u>   |  | 9. AGE (last birthday)<br><u>32</u>   |  |  |
| IF UNDER 1 YEAR<br>Months Days   |  | IF UNDER 24 HR<br>Hours Min.  |  |   |   |   |  |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>CLAY COUNTY Mo.</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>U.S.A.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |  |
| 13a. FATHER'S NAME<br><u>CHARLES E. BECKER</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>EVALEAH PYLE</u>                                     |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>JAMES W. VOGAN JR.</u>  |  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   |  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><u>JAMES W. VOGAN JR.</u><br>Address <u>1609 E. 67<sup>TH</sup> TERR. GLADSTONE, Mo.</u>   |  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CEREBRAL + CEREBELLAR COMPRESSION</u>   |  |   |  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 WKS.</u>                                     |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <u>BRAIN TUMOR (OPERATED OCT. 1961)</u>  |  |   |   |   |  | <u>7 mos.</u>   |  |  |
|  |  | DUE TO (c) <u>GLIOBLASTOMA MULTIFORME</u>   |  |   |   |   |  | <u>7 mos.</u>   |  |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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>JULY 1961</u> to <u>FEB 21, 1962</u> and last saw her <u>alive</u> on <u>FEB. 14, 1962</u><br>Death occurred at <u>9:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.<br><u>ON FEB. 21, 1962</u> |  |   |  |   |   |   |  |   |  |  |
| 22a. SIGNATURE<br><u>R. L. Schwab, M.D.</u> (Degree or title)  |  |   |  | 22b. ADDRESS<br><u>2522 E. VIVION RD. KANSAS CITY 18, MISSOURI</u>  |   |   |  | 22c. DATE SIGNED<br><u>2/21/62</u>  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 23b. DATE<br><u>2-24-62</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>WHITE CHAPEL Cem. GLADSTONE Mo.</u>  |   | 23d. LOCATION (City, town, or county) (State)   |  |   |  |  |
| 24. FUNERAL DIRECTOR<br><u>D.W. NEWCOMER'S SONS N.K.C., Mo.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>2-23-62</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Marquette Hudgens</u>   |  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

DR. EDWARDS  
2522 E. VISION RD.

MAR 12 1962

MAR 15 1962

**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 John H. Kalsbeek

Licensed Embalmer No. 4949

P. O. Address W. Kansas City

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.