

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037287

XX DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 9

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|--|----------------------------------|---|--|--|--|
| FILED OCT 7 1963 | | 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City, Missouri</u> | | Length of stay in 1b <u>29 days</u> | | c. CITY OR TOWN <u>Urich</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>Ellett Memorial</u> | | Inside Limits Yes <input 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) <u>GUS A. VOGT</u> | | | 4. DATE OF DEATH <u>SEPTEMBER 26 1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/27/1874</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u> | | 11. BIRTHPLACE (City and state or country) <u>Urich, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u> | | 13a. FATHER'S NAME <u>John Vogt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Barth</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>Buford G. Vogt, Urich, Missouri</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u> | |
| 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 _____ s.m. _____ p.m. _____ | | 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>Aug. 1963</u> to <u>now</u> and last saw ^{her} him alive on <u>Sept. 25, 1963</u> Death occurred at <u>12:25</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>R. H. Brownsburger MD</u> R. H. Brownsburger, M. D. | | (Degree or title) | | 22b. ADDRESS <u>Appleton City, Missouri</u> | |
| 22c. DATE SIGNED <u>Sept 26 1963</u> (State) | | 23a. BURIAL, CREMATION, OR REINTERMENT (Specify) | | 23b. DATE <u>Sept. 28, 1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Urich, Missouri</u> | | 24. FUNERAL DIRECTOR <u>W. J. Brown, Urich, Missouri</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Sept. 26, 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Pauline Davis</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.