

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16555
State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 East Grandriver</u>			

3. NAME OF DECEASED a. (First) <u>MAGGIE</u> b. (Middle) <u>CONKWRIGHT</u> c. (Last) <u>Vogeli</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 15, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>CLARK CO. KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BENJAMIN CONKWRIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>MANDY HUDSON</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM T. VOGELI</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Lewis</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u> <u>1 YR</u> <u>443 X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug, 1949, to May, 1950, that I last saw the deceased alive on 14 May, 1950, and that death occurred at 10:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>15 May 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 15 1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SICKMAN & DANNING</u>	ADDRESS <u>CLINTON, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422

0422

RECEIVED 5-22-50
District Health Officer No. 7
District File Number 4-5054
Date Filed 5-23-50

APR 3 1950

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 _____
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4790

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 this body is not embalmed, fact should be so stated above.