

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20923

Registrar's No. 06

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4275

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

3. NAME OF DECEASED a. (First) <u>Julius Vogt Jr</u> (Type or Print)			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>30</u> (Year) <u>49</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 30 - 1862</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>				11. BIRTHPLACE (State or foreign country) <u>Concordia Mo</u>				12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>Julius Vogt</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Neisner</u>			14. NAME OF HUSBAND OR WIFE <u>Anne Vogt</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel B. Vogt, Kansas City, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<u>1921</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Nerve</u>				<u>Several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) _____		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from July 23, 1949, to Aug 30, 1949, that I last saw the deceased alive on Aug 30, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Concordia, Mo</u>		23c. DATE SIGNED <u>8/31/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>9-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls</u>		24d. LOCATION (City, town, or county) (State) <u>Concordia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-5-1949</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		154		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick C. Vogt</u>		ADDRESS <u>Concordia Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

54
06

RECEIVED

District Health Officer No. 8

District File Number *57*

Date Filed *9-21-1911*

Handwritten notes and signatures at top right.

PA. DE. 8

Handwritten notes at top right.

18-18-18-18-18

MALE WHITE

Handwritten notes in middle section.

Handwritten notes in middle section.

Handwritten notes at bottom left.

Handwritten notes at bottom right.

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 *E. B. Grubbs* *F. G. Vaughn*
2959 *1591*

Licensed Embalmer No. _____

P. O. Address *Concordia 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.

Handwritten notes at bottom left.