S. No. 300
. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37558

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4945

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5331 Highland Little Sisters of the Poor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 5331 Highland

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): EAGAR
c. (Last): VOGELLUS

4. DATE OF DEATH (Month) (Day) (Year): NOV. 18, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 4, 1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): NEW YORK CITY
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: PETER VOGELLUS
13b. MOTHER'S MAIDEN NAME: BRIDGET BRENNAN
14. NAME OF HUSBAND OR WIFE: MARGARET MC Call VOGELLUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: SISTER EMILIE, 5331 HIGHLAND

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis years
DUE TO (c): Generalized Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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): ----- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ----------

22. *I hereby certify that I attended the deceased from* Nov 11, 19 49 *to* Nov 18, 19 1949, *that I last saw the deceased alive on* Nov 18, 19 ~~49~~ 49 *and that death occurred at* 2 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE John T. Skinner (Degree or title): John T. Skinner M. D.
23b. ADDRESS: 1402 Bryant Bldg
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/19/49
24c. NAME OF CEMETERY OR CREMATORY: ST. MARY'S CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 11-21-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Quirk and Tobin 20 W. LINWOOD

(Licensed Embalmer's Statement on Reverse Side)

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 Forrest D. Caldsnow

Licensed Embalmer No. 4714

P. O. Address K C 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.