

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23779

670
3

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

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas		b. COUNTY Bexar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 10 Mi. N.E. of Charleston		c. LENGTH OF STAY (in this place) Transient		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Antonio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Mi. N.E. of Charleston Hwy. 60		d. STREET ADDRESS (If rural, give location) San Antonio, Texas			
3. NAME OF DECEASED (Type or Print) a. (First) Ruben		b. (Middle) Frank		c. (Last) Vogt	
5. SEX Male		6. COLOR OR RACE Mexican		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June, 4, 1922		9. AGE (In years last birthday) 29		4. DATE OF DEATH (Month) (Day) (Year) June, 4, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor & Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor		11. BIRTHPLACE (State or foreign country) Macdona, Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Vogt		13b. MOTHER'S MAIDEN NAME Saloma Vasquez	
14. NAME OF HUSBAND OR WIFE Helen Vogt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 459-07-1686	
17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Vogt, Hemlock, Indiana		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) NATURAL CAUSES		INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NATURAL CAUSES		ANTECEDENT CAUSES DUE TO (b) HEMORRHAGE SUFFERED SUDDENLY WHILE ENROUTE TO KOKOMO, INDIANA VIA AUTOMOBILE.		DUE TO (c) HAD BEEN FEELING BADLY FOR AT LEAST 24 HOURS AND HAD BEEN COUGHING VIOLENTLY.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BEEN COUGHING VIOLENTLY.		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) (Hour) (Min.)		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15P m., from the causes and on the date stated above.			
23a. SIGNATURE Oliver Annellee J. Coroner		23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 6/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Kokomo Cemetery	
24d. LOCATION (City, town, or county) (State) Kokomo, Indiana		DATE REC'D BY LOCAL REG. July 11, 1951		REGISTRAR'S SIGNATURE Mrs. L. L. Gilgore 439	
FUNERAL DIRECTOR'S SIGNATURE Oliver Annellee J. Coroner		ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo			

JUL 13 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 13 1951

JUL 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.