

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

EV. 10.46

0710

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

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY MORGAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MORGAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Moreau township		c. LENGTH OF STAY (on this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Moreau township		d. STREET ADDRESS (If rural, give location) 3 mi. NE of Glensted, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. N.E. of Glensted, Mo			d. STREET ADDRESS (If rural, give location) 3 mi. NE of GLENSTED, MO		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) CLYDE c. (Last) VOGT			4. DATE OF DEATH (Month) (Day) (Year) JAN 25 - 52		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH Sept 28 - 1890		9. AGE (In years last birthday) Months Days 61 3 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) McPherson County, Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALBERT J. VOGT		13b. MOTHER'S MAIDEN NAME MARY A. KAMMER		14. NAME OF HUSBAND OR WIFE ETHEL DRAKE 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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ethel D. VOGT - GLENSTED MO.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Collapsed LEFT Lung INTERVAL BETWEEN ONSET AND DEATH immediate ANTECEDENT CAUSES Gunshot wound DUE TO (b) Gunshot wound DUE TO (c) _____ 2. 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 E976X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT FARM		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MOREAU TWP. - Morgan MO		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JAN 25 - 52 11:30
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SELF INFLECTED				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Gene A. Hartman			23b. ADDRESS Versailles, Mo		23c. DATE SIGNED JAN 26 - 52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 28 - 52	24c. NAME OF CEMETERY OR CREMATORY Versailles City Cemetery		24d. LOCATION (City, town, or county) (State) Versailles, Mo.	
DATE REC'D BY LOCAL REG. Jan 29 - 1952	REGISTRAR'S SIGNATURE J. L. Washburn, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. ... Versailles, Mo		

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1958

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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
Student Embalmer

Signed Gene H. Sartman
Student Embalmer No.

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.