S. No. 300
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FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21214

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. ~~2043~~ 5767 Registrar's No. 179

1640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, South River Twp.
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, South River, Twp.
d. STREET ADDRESS (If rural, give location): South River Township 0640

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): E
c. (Last): Vogt

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: October 15, 1876
9. AGE (In years last birthday): 75 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John L. Vogt
13b. MOTHER'S MAIDEN NAME: Elizabeth Englehardt
14. NAME OF HUSBAND OR WIFE: Fanny Joseph

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.: No.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Thomas Vogt, Philadelphia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of descending

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) colon c̄ marked secondary

DUE TO (c) irritation and anemia

INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

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 153X
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* 5-1, 1952 *to* 6-2, 1952, *that I last saw the deceased alive on* 5/14, 1952, *and that death occurred at* 6/8/52 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jm Canellan 0
23b. ADDRESS: 10 a/ Bolivar-Hannibal Trail
23c. DATE SIGNED: 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6/10/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Palmyra, Mo.

DATE REC'D BY LOCAL REG.: 6/14/52
REGISTRAR'S SIGNATURE: N C Fisher, D E M Lucke, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Lewis Bro's, Palmyra, Mo.

184 0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 17 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 19 1952

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 Leon B. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. 2382

P. O. Address Fairmount Ind.

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.