

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42767**

FILED JAN 7 - 1952 REG. DIST. NO. **285** PRIMARY REG. DIST. NO. **3039** Registrar's No. **522**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>	
c. LENGTH OF STAY (in this place) <b>3WKS</b>		d. STREET ADDRESS (If rural, give location) <b>103 W. Walker</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louisa</b> b. (Middle) <b>Vogt</b> c. (Last) <b>Vogt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb. 20, 1869</b>		9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b> IF UNDER 12 Mths. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>John Cooper</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>William Vogt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ed. Vogt Marceline, Mo</b> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRACTURE OF RIGHT HIP</b>				<b>22 DAYS</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIO SCLEROTIC VASCULAR DISEASE</b>		<b>UNK.</b>	

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 **SEPT**, 19**52**, to **DEC 10**, 19**52**, that I last saw the deceased alive on **DEC 10**, 19**52**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul T. Berry MD</b> (Degree or title)		23b. ADDRESS <b>Marceline, Mo.</b>		23c. DATE SIGNED <b>12/12/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/12/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
				24d. LOCATION (City, town, or county) (State) <b>Marceline, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12/12/52</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Owens</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Joe McLaughlin</b> ADDRESS <b>Marceline, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
10.48

581  
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JAN 19 1953

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 X

Student Embalmer No. X

working under my personal supervision.

Student X  
Student Embalmer

Signed

George W. Darselt

Licensed Embalmer No. 4799

P. O. Address Marquette, MI

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.