

STANDARD CERTIFICATE OF DEATH

State File No. 12480

FILED MAY 3 1954 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township		c. LENGTH OF STAY (in this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Maxville, Mo.		e. CITY OR TOWN Rock township 4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 5	
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Vogel c. (Last) Vogel		4. DATE OF DEATH (Month) (Day) (Year) Apr 21, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 3, 1897
9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Maxville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Fred Vogel		13b. MOTHER'S MAIDEN NAME Margaret Ulrich	
14. NAME OF HUSBAND OR WIFE Ethel Becker Vogel		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 Ethel Vogel ADDRESS Imperial, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary sigmoid colon DUE TO (c) 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	
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.) Imperial Jefferson Mo		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Imperial Jefferson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 1953 , to 4-21-1954 , that I last saw the deceased alive on 4-21-1954 , and that death occurred at 7:30 pm , from the causes and on the date stated above.	
23a. SIGNATURE Heidi Mrs.		23b. ADDRESS Imperial Mo	
23c. DATE SIGNED 4/22/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 24, 54		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	
24d. LOCATION (City, town, or county) (State) Arnold, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home Imperial, Mo.	
25. ADDRESS		DATE REC'D BY LOCAL REG. 4-24-54	
REGISTRAR'S SIGNATURE Ruth Jirsa		438	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 28 1954

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.....
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No. 357

P. O. Address *Imperial*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.