

No. 300
10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25900

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 2072 Registrar's No. 122

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY OR TOWN <u>Marshall, Mo.</u> | | c. CITY OR TOWN <u>Marshall</u> | |
| c. LENGTH OF STAY (In this place) <u>2Yr. 7Months</u> | | d. STREET ADDRESS (If rural, give location) <u>267 So. Brunswick</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>267 So. Brunswick</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1954</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | b. (Middle) <u>Anthony</u> | c. (Last) <u>Vogliardo</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>June 4 1948</u> |
| 9. AGE (In years last birthday) <u>6</u> | 10. MONTHS <u>1</u> | 11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri</u> | |
| 13a. FATHER'S NAME <u>Joe H. Vogliardo</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Callison</u> | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Joe H. Vogliardo-Marshall, Missouri</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute spasmodic laryngotracheitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute virus gastroenteritis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | |
| 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) m. | 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 <u>July 9, 1954</u> , to <u>July 11, 1954</u> , that I last saw the deceased alive on <u>July 11, 1954</u> , and that death occurred at <u>7:15 a.m.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>T. E. Kallenbach</u> (Degree of title) | 23b. ADDRESS <u>72 E. Arrow, Marshall, Mo.</u> | 23c. DATE SIGNED <u>7-12-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/18/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>7-20-54</u> | REGISTRAR'S SIGNATURE <u>Dwight T. Gray</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>385</u> | ADDRESS <u>Sweeney Funeral Home - Marshall, Mo.</u> |

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

