No. 300
10.48

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44419

BIRTH NO. _____ REG. DIST. NO. ~~200~~ 293 PRIMARY REG. DIST. NO. 6005 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Spencet Township)
c. LENGTH OF STAY (in this place): Mrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saltriver 8Mi.N.E.of Frankford. Prairie Township. AudrainCo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Laddonia, Mo. R.F.D
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2040

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 6, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 29, 1917
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Montgomery Co, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles A. Vogt
13b. MOTHER'S MAIDEN NAME: Ruth Seal
14. NAME OF HUSBAND OR WIFE: Nola Vogt
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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nola Vogt — ADDRESS: Laddonia, 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) Accident; Death caused from — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Drowning while fishing in
DUE TO (c) Saltriver. Ralls County, Mo.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Saltriver
21c. (CITY, TOWN, OR TOWNSHIP) 087 (COUNTY) (STATE): Ralls County, Mo. Spencer Township
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 6, 1954 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidently-Drowned

22. *I hereby certify that I attended the deceased from* No Medical Attention, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 5:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde C. Wickey (Degree or title): Coroner
23b. ADDRESS: Perry, Missouri Ralls Co.
23c. DATE SIGNED: 8-8-1954
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-9-1954
24c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
24d. LOCATION (City, town, or county) (State): Laddonia, Missouri.
DATE REC'D BY LOCAL REG.: 8-8-54
REGISTRAR'S SIGNATURE: Grace Conn 470-1
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wickey — ADDRESS: Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No....3820

P. O. Address....Perry, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.