

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3486

State File No.

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4474 Registrar's No. 5

0972
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>WASALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGES</u>		c. LENGTH OF STAY (in this place) <u>80 DAYS</u>	c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANGE REST HOME</u>			f. STREET ADDRESS (If rural, give location) <u>4 MILES SOUTH OF SWEET SPRINGES</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>VOGT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10, 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 28, 1866</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>GOTTLIEB VOGT</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA M. WESTERBECK</u>	14. NAME OF HUSBAND OR WIFE <u>CATHERINE ECKHOFF</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ORVILLE LEACH</u> ADDRESS <u>Sweet Springs Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic hardening</u>		<u>3 yrs</u>
	DUE TO (c) <u>Cerebral arteriosclerosis</u>		<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov. 1953, to Feb., 1956 that I last saw the deceased alive on Feb. 9, 1956 and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul K. Roberts, M.D.</u>	23b. ADDRESS <u>Sweet Springs Mo</u>	23c. DATE SIGNED <u>2-10-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>FEB. 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGES, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 10, 1956</u>	REGISTRAR'S SIGNATURE <u>May Massey</u>	509	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Parker</u> ADDRESS <u>Sweet Springs, Mo.</u>
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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 *L. F. Parker*.....

Licensed Embalmer No. *384*.....

P. O. Address *Levert Sp...*.....

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.