THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37148
STATE FILE NUMBER

FILED DEC 3 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1263

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐	c. CITY OR TOWN S t. Joseph 0117 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hospt. — Length of stay in lb 48 Years	d. STREET ADDRESS (If outside, give location) 3611 Mitchell Ave., — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Vester	Middle: William	Last: Vogel	4. DATE OF DEATH Month Day Year: November 25, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 31, 1907	9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): S elf Employed	10b. KIND OF BUSINESS OR INDUSTRY: Automotive Supply	11. BIRTHPLACE (City and state or country): San Antonio, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles G. Vogel		14. MOTHER'S MAIDEN NAME: Emma Schwader		
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.: 491-09-5262	17. INFORMANT Address: Erma H. Vogel (wife) St. Joseph, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: Eight years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 203X

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 24,1955, to November 23,56 and last saw ~~her~~ him alive on 11/23/56. Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Caryl A. Potter M.D.

22b. ADDRESS: Physicians & Surgeons Building City

22c. DATE SIGNED: 11/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Nov.28,1956	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman Inc. St.Joseph,Mo.	25. DATE RECD. BY LOCAL REG.: Nov. 29, 1956	26. REGISTRAR'S SIGNATURE: Esther M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lee J. Chanu

Licensed Embalmer No. 46

P. O. Address St. Jos

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