

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3053-58

2516

State File No.

FILED FEB 13 1958

BIRTH NO. 124 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>ST. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) _____	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>2930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elliot Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>Vogel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 7 1958</u>		9. AGE (In years last birthday) <u>2</u> 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)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Cecil C Vogel</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gath</u>		14. NAME OF HUSBAND OR WIFE _____	
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Vogel</u> ADDRESS _____			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure - Sudden</u>			INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>			
		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? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>9735</u>		
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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 7 Feb, 1958, to 9 Feb, 1958, that I last saw the deceased alive on Feb 9, 1958, and that death occurred at 11:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert H. T. Brownberger M.D.</u>		23b. ADDRESS <u>Appleton City Mo</u>	23c. DATE SIGNED <u>9 Feb 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 9, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>German Iron Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Merossans Town Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 9, 1958</u>	REGISTRAR'S SIGNATURE <u>Chas Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>The father</u> ADDRESS _____		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

obey

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
Student Embalmer

Signed-----

Licensed Embalmer No.-----

P. O. Address-----

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 this body is not embalmed, fact should be so stated above.