

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004758

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Frohna</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Mo. Hospt.</b>		d. STREET ADDRESS (If outside, give location) <b>9 days</b>	
3. NAME OF DECEASED (Type or print) First <b>Louise</b> Middle <b>Lena</b> Last <b>Vogel</b>		4. DATE OF DEATH Month <b>March</b> Day <b>1</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 25, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		100. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>New Wells, Mo.</b>
13. FATHER'S NAME <b>Valentine Fiehler</b>		14. MOTHER'S MAIDEN NAME <b>Kasten</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>E.F.W. Vogel</b>		Address <b>Frohna, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic cardio-vascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>disease</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4221</b>		
20c. TIME OF INJURY Hour <b>3:40</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Frohna</b> COUNTY STATE		
21. I attended the deceased from <b>2-20-59</b> , to <b>3-1-59</b> and last saw <sup>her</sup> alive on <b>2-28-59</b> Death occurred at <b>3:40</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles F. Wilson M.D.</b>		22b. ADDRESS <b>719 Broadway Cape Girardeau Mo.</b>	
22c. DATE SIGNED <b>3-4-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/3/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Concordia Lutheran</b>	23d. LOCATION (City, town, or county) (State) <b>Frohna, Mo.</b>
24. FUNERAL DIRECTOR <b>C. J. Loring</b>		25. DATE RECD. BY LOCAL REG. <b>March 7, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Homer Cooper</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

APR 15 1959

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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 *J. Loberg*.....  
Licensed Embalmer No. *38*  
P. O. Address *Life Guards*.....

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.