URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006658

FILED VS MAR 7 1960 149

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1089

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 70 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5633 VIRGINIA
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANK Middle Last VOGL
4. DATE OF DEATH Month FEBRUARY Day 21 Year 1960
5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH SEPT 26 1871
9. AGE (last birthday) 89
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOLSMITH
10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING
11. BIRTHPLACE (City and state or country) VIENNA AUSTRIA
12. CITIZEN OF WHAT COUNTRY —
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE MATILDA VOGL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. —
17. INFORMANT FRANK J. VOGL Address 5633 VIRGINIA

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) gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis, Uremia — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Aug. 1950 to Feb 21/60 and last saw him alive on Feb. 21/60
Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. L. Spafford (Degree or title) M.D.
22b. ADDRESS 315 Nichols Rd Kansas City, Mo
22c. DATE SIGNED 2/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB 27, 1960
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR A. MOEHLBACH ADDRESS 6800 TROOST
25. DATE RECD. BY LOCAL REG. 2-23-60
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF A. L. Spafford

DOCUMENT

L. [illegible]
315 [illegible]
L01-0[illegible]

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clare V. Carr Jr

Licensed Embalmer No. 4934

P. O. Address K.C. 14, M

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