

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036031
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1047

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF C.A. Potter, Jr., M.D. MEDICAL CERTIFICATION

FILLED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph, Missouri</u>		c. CITY OR TOWN <u>Osborn, Missouri</u>	
Length of stay in lb <u>4 Hours</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Osborn, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>MILTON</u> Last <u>VOGEL</u>		4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 22, 1915</u> 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		11. BIRTHPLACE (City and state or country) <u>Cosby, Missouri U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Paint & Wallpaper Store</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ervin Vogel</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chambers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Inez Vogel-Osborn, Missouri</u>	
17. INFORMANT Address <u>Osborn, Missouri</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Vogel</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac dilatation - acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
DUE TO (b) <u>Extensive myocardial infarction</u>			<u>7-10 days</u>
DUE TO (c) <u>Atherosclerotic heart disease with coronary thrombosis</u>			<u>years 7-10 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Old posterior m. infarction; mural thrombus</u>			PART III. If deceased was female (was there a pregnancy in last 90 days). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <u>10:30 am</u> Month, Day, Year <u>10/16/61</u> a.m. p.m.			
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		COUNTY	STATE
21. I attended the deceased from <u>10:30 am on 10/16/61 to death</u> and last saw him live on <u>10/16/61</u> Death occurred at <u>12:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) <u>Caryle Potter, Jr. M.D.</u>		22b. ADDRESS <u>Phys. Building St. Joseph, Missouri</u>	
22c. DATE SIGNED <u>10/18/61</u>		22d. REGISTER'S SIGNATURE <u>Mrs. Clark Landell</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 17, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fram Funeral Home</u>		23d. LOCATION (City, town, or county) <u>Maysville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 19, 1961</u>	

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 Raymond A. Troni

Licensed Embalmer No. 5147

P. O. Address St Joseph, Mo

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.