

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 162

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED APR 23 1963</b>	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Cole</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b> Length of stay in 1b</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b></p> <p>c. CITY OR TOWN <b>Florissant</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>55 Ruth Drive</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <b>Elmer Chris Vogel</b></p>	
<p>4. DATE OF DEATH <b>April 11, 1963</b></p>	
<p>5. SEX <b>Male</b></p>	<p>6. COLOR OR RACE <b>White</b></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>12-1-1899</b></p>
<p>9. AGE (last birthday) <b>63</b></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe-Cutter</b></p>
<p>11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>
<p>13a. FATHER'S NAME <b>Chris Vogel</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>Minnie (Unknown)</b></p>
<p>14. NAME OF HUSBAND OR WIFE <b>Bessie Lee Vogel</b></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>
<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address <b>Mrs. Bessie Vogel, Florissant, Missouri</b></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY: <b>Traumatic Crushing Injury Chest</b> (INTERVAL BETWEEN ONSET AND DEATH)</p> <p style="text-align: center;">IMMEDIATE CAUSE</p> <p style="text-align: center;"><b>Severe Pneumothorax, Subdural hematomas, bilateral Multiple fractures skull, ribs, all long bones</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>1 hr.</b> DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>auto accident</b></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>auto collision</b></p>
<p>20c. TIME OF INJURY <b>3:30 p.m.</b> Hour Month, Day, Year <b>4 11 63</b></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 54 Near Bagnall Dam Miller MO</b></p>
<p>21. I attended the deceased from <b>4-11-63</b> to <b>4-11-63</b> and last saw him alive on <b>4-11-63</b></p> <p>Death occurred at <b>5:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Print or type) <b>Rendall A. Clark, M.D.</b></p>	<p>22b. ADDRESS <b>Jefferson City, Mo 64504</b></p> <p>22c. DATE SIGNED <b>4-12-63</b></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b></p>	<p>23b. DATE <b>4-15-63</b></p> <p>23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Church Yard</b></p> <p>23d. LOCATION (City, town, county) (State) <b>St. Louis, Missouri</b></p>
<p>24. FUNERAL DIRECTOR <b>Buescher Memorial, Jefferson City, Mo.</b> ADDRESS</p>	<p>25. DATE RECD. BY LOCAL REG. <b>12 April 1963</b></p> <p>26. REGISTRAR'S SIGNATURE <b>R. D. Harrison - Richter</b></p>

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1963

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 \_\_\_\_\_

Signed Vernon M. Norton

Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Levin, Me

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.