

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020017

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2573

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Leo Vogart

FILED MAY 20 1963	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b> Length of stay in 1b <b>20 YEARS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>529 BROOKLYN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <b>JAMES</b> Middle <b>CARL</b> Last <b>CONDER</b>	
4. DATE OF DEATH <b>MAY 3, 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-23-1879</b>
9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <b>LOGGER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>
11. BIRTHPLACE (City and state or country) <b>HUTZVILLE, KY.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>
14. NAME OF HUSBAND OR WIFE <b>ANNA CONDER</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. [REDACTED]
17. INFORMANT <b>CHARLES D. CONDER 3350 BLUE RIDGE, INDEP.</b>	Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cardiac failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of prostate</b> DUE TO (c) <b>5 yrs</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour: Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Oct. 1962</b> to <b>May, 1963</b> and last saw him alive on <b>5/2/63</b> Death occurred at <b>6:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Leo Vogart D.O.</b>	22b. ADDRESS <b>3629 St. John Ave</b>
22c. DATE SIGNED <b>5/3/63</b> (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5-3-63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>ROSEHILL CEMETERY</b>	23d. LOCATION (City, town, or county) <b>CHICKASHA, OKLAHOMA</b>
24. FUNERAL DIRECTOR <b>C. H. BLACKMAN &amp; SON INC. K. C., MO.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-3-63</b>
26. REGISTRAR'S SIGNATURE <b>Op with Bong</b>	

USE BLACK INK OR TYPEWRITER RIBBON

