MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043671

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4213 Registrar's No. 300

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Montrose — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: in Montrose — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Montrose — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): in Montrose — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Norman Middle: Francis Last: Vogel
4. DATE OF DEATH: Month: Nov Day: 18 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-16-1949
9. AGE (last birthday): 14
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): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Montrose Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Cecil Vogel
13b. MOTHER'S MAIDEN NAME: Marie Goth
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Cecil Vogel Address: Montrose Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Epilepsy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
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 1962, to 18 Nov 63 and last saw him alive on 22 Oct 63
Death occurred at about 12:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Appleton City
22c. DATE SIGNED: 20 Nov 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-20-1963
23c. NAME OF CEMETERY OR CREMATORY: St Mary's
23d. LOCATION (City, town, or county) (State): Montrose Mo
24. FUNERAL DIRECTOR: Sickman-Dunning F-H ADDRESS: Clinton Mo
25. DATE RECD. BY LOCAL REG.: Nov. 26, 63
26. REGISTRAR'S SIGNATURE: Mildred Bigano

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0420		
2	0420		
3			
4	0		
5	0		
6			
7	0		
8	2		
9	3533		
10			
11			
12	90-1		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit Obtained 11-26-63 (MB)

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 R. L. Henning

Licensed Embalmer No. 4216

P. O. Address Clinton 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.