

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12830

State File No. ....

49

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>62 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1012 S. Garrison Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1012 S. Garrison Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SUDIE</u>		b. (Middle) <u>CASEY</u>		c. (Last) <u>BOGCESS</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>May 3, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 29, 1878</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Milford, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. D. Casey</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia E. Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Hale M. Bogcess</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Overby</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic, interstitial</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolus, artery, femoral</u> DUE TO (c) <u>Encephalomalacia and paralysis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs</u> <u>15 yrs</u> <u>3 days</u> <u>10 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>15 yrs</u> <u>3 days</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Mo.</u>		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 14, 1946</u> , to <u>May 3, 1949</u> ; that I last saw the deceased alive on <u>May 3, 1949</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>May 4, '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 5-1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Robert H. Knell*

Licensed Embalmer No. \_\_\_\_\_

*4459*

P. O. Address \_\_\_\_\_

*Carthage*

**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 this body is not embalmed, fact should be so stated above.