

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19014

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atterville (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3 miles south of Clinton City</u>	
c. LENGTH OF STAY (In this place) <u>48</u>		d. STREET ADDRESS (If rural, give location) <u>Atterville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORNELIA</u> b. (Middle) <u>LUCIENE</u> c. (Last) <u>HOGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 8, 1901</u>		9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>24</u> IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (If kind of work done during most of working life (even if retired)) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Chilton Hyles</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Hyles Dobbin</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Hogan</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred G. Hogan</u> ADDRESS <u>Atterville, Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fibromyoma, Uterus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>44 5X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1 May, 1949, to 2 June, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. Siegel</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithton, Mo.</u>		23c. DATE SIGNED <u>3 June 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 4, 1949</u> <u>Nellie D. Hulbert</u> #3		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays Painter</u> ADDRESS <u>Pilot Grove, Mo.</u>	
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JUN 13 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-15-49

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 _____

Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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 this body is not embalmed, fact should be so stated above.