

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20526**

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5943		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Edgar Spring Creek		c. LENGTH OF STAY (In this place) 29 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edgar Springs - Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION. Edgar Springs				d. STREET ADDRESS (If rural, give location) Spring Creek Lwp. 0					
3. NAME OF DECEASED (Type or Print) Mary			a. (First) Jane		c. (Last) Hogan		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 15, 1865		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 10	IF UNDER 6 HRS. Days 26 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pacific, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Richard Miller			13b. MOTHER'S MAIDEN NAME Julia Kelley			14. NAME OF HUSBAND OR WIFE John Hogan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Richard Haley, Edgar Springs, Missouri				ADDRESS	
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) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arterial Sclerosis DUE TO (c) Senile Debility						INTERVAL BETWEEN ONSET AND DEATH 2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Debility								334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 May 1, 1949 , to June 11, 1949 , that I last saw the deceased alive on May 9, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) Richard E. Myers, M.D.				23b. ADDRESS Newburg, Mo.			23c. DATE SIGNED June 12, 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14, 1949	24c. NAME OF CEMETERY OR CREMATORY O'Malley		24d. LOCATION (City, town, or county) (State) Boulah, Missouri Phelps Co.				
DATE REC'D BY LOCAL REG. 6-13-49		REGISTRAR'S SIGNATURE Nadine L. Steele		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hollan		ADDRESS Rella, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1949

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 John H. Lallow
Licensed Embalmer No. 5643
P. O. Address Pelee, 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.